No. 2
—1/47
5-17-39

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17525
4680

FILED JUN 1 1948
Registration District No. 818

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:
(a) County
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Stone Nursing Home - 4373 W. Pine
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Weeks
(Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Saint Louis
(c) City or town (Rural) Arbor Terrace
(If outside city or town limits, write "RURAL")
(d) Street No. 3844 Nelson Drive
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Minnie H. Diercks
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rev. Henry J. Diercks
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased September 12th, 1865 (Month) (Day) (Year)

8. AGE: Years 82 Months 8 Days 6 If less than one day hr. min.

9. Birthplace Pekin, Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Housework
11. Industry or business

FATHER
12. Name Luke Hayenga
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Gertie Tammeus
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Rev. Henry J. Diercks
(b) Address 3844 Nelson Dr. Arbor Terrace
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/21/48 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director Calvin F. Feutz
(b) Address 4828 Natural Bridge Boulevard
19. (a) MAY 21 1948 (Date received by registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18th year 1948 hour 2 minute 15 P.M.
21. I hereby certify that I attended the deceased from 2 Dec. 1947 to 18 May 1948, that I last saw her alive on 17 May 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral vascular accident	
Due to: Essential hypertension & arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death): —	

Major findings:
Of operations: none performed
Of autopsy: " "

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Donald E. Kilker (M. D. or other) M.D.
Address 3121 N. Grand Date signed 19 May 48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) KILKER

Grand & Hebert,
2 to 4 P. M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... Registered Apprentice No. ..... working under my personal supervision.

Signed John A. Melman

Licensed Embalmer No. 4186

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.