

FILED MAY 12 1951

STANDARD CERTIFICATE OF DEATH

State File No. 13978

318

1003

4199

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) SAINT LOUIS		c. LENGTH OF STAY (In this place) STAY	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital		c. CITY (If outside corporate limits, write RURAL and give township) SAINT LOUIS 2269 TOWN	
3. NAME OF DECEASED (Type or Print) MARTIN		4. DATE OF DEATH May 3 1951	
a. (First)		b. (Middle)	
JACOB		DIERKER	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed		8. DATE OF BIRTH 2/12/1881	
9. AGE (In years last birthday) 70		10. IF UNDER 1 YEAR 2 Months	
11. IF UNDER 1 YEAR 21 Days		12. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabinet maker		10b. KIND OF BUSINESS OR INDUSTRY Retired	
11. BIRTHPLACE (State or foreign country) St. Louis, Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Jacob Dierker		13b. MOTHER'S MAIDEN NAME Anna Broecker	
14. NAME OF HUSBAND OR WIFE Mary Hamilton Dec. 8/15/30			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Mrs Fred H. Trentman, Washington, Mo		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Encephalomalacia; L.N.</i> ANTECEDENT CAUSES <i>both legs suffered when struck by auto driven by one James Edgar on 10th street between Tyler and Chambers about 8:00 pm Apr 7 1951</i> DUE TO (b) <i>fall</i> DUE TO (c) <i>fall</i> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>old accident</i>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SOURCE WORKPLACE <i>accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>street</i>	
21c. CITY, TOWN, OR TOWNSHIP St Louis Mo.		(COUNTY) (STATE)	
21d. TIME OF INJURY <i>Apr 7 5:30 p.m.</i>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR <i>EG 2A</i>			
22. I hereby certify that I attended the deceased from _____, 19____, to 5/3/51, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:30 p.m., from the causes and on the date stated above.			
23a. SIGNATURE <i>Patrick J. Taylor</i>		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 5.4.51.			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial #		24b. DATE 5/5/51	
24c. NAME OF CEMETERY OR CREMATORY Calvary		24d. LOCATION (City, town, or county) (State) St Louis, Mo.	
DATE REC'D BY LOCAL REG. OFF. MAY 4		REGISTRAR'S SIGNATURE <i>J. B. Karater</i>	
25. FUNERAL DIRECTOR'S SIGNATURE ROBERT J. AMBRUSTER, INC. ST. L.		ADDRESS	

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

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_



Signed.....  
Student Embalmer

Licensed Embalmer No. 1994

P. O. Address.....

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.