

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

41642

State File No.

FILED NOV 25 1953

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2880

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gardenville</u>		c. CITY OR TOWN <u>St. Louis</u>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>3 weeks</u>		e. STREET ADDRESS (If rural, give location) <u>3254 Delor Street</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Miller Nursing Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u>		b. (Middle)	
c. (Last) <u>Dirks</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 6, 1953</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan. 29, 1871</u>
9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Oak Dale, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>David McNair</u>		13b. MOTHER'S MAIDEN NAME <u>Martha J. Keady</u>	
14. NAME OF HUSBAND OR WIFE <u>John J. Dirks</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Miss Martha Dirks - 3254 Delor St.</u>	
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) <u>myocardial fibrosis</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES <u>gradually congestive failure</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)			
DUE TO (c) <u>due to atherosclerosis</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4221</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Oct 17, 1953</u> to <u>Nov 6th, 1953</u> , that I last saw the deceased alive on <u>Nov 2nd, 1953</u> , and that death occurred at <u>3:00P m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Donald O. Biers M.D.</u>		23b. ADDRESS <u>501 Mo. Theatre Bldg 11-7-53</u>	23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov. 9, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethany Cemetery</u>	24d. LOCATION (City, town, of county) (State) <u>St. Louis County, Missouri</u>
DATE REC'D BY LOCAL REG. <u>11/7/53</u>	REGISTRAR'S SIGNATURE <u>Herbert J. Storkem</u>	25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wacker - Alderle - 3634 Gravois Ave.</u>	

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Robert C Wheeler*

Licensed Embalmer No. *2128*

P. O. Address *Levin's 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.