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FILED JUN 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16583

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4633

1. PLACE OF DEATH
a. COUNTY ~~St. Louis~~
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place) 3 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Masonic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY ~~St. Louis~~
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
d. STREET ADDRESS (If rural, give location) 12 5351 Delmar Blvd

2129
0

3. NAME OF DECEASED (Type or Print) a. (First) Louis b. (Middle) Henry c. (Last) Dierks

4. DATE OF DEATH (Month) 5 (Day) -22 (Year) -55

5. SEX M 9
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH 11-16-1869
9. AGE (In years last birthday) 85 — IF UNDER 1 YEAR Months 6 Days 4 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (City and State or Foreign Country) Jefferson County, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U S

13a. FATHER'S NAME Dietrich Henry Dierks
13b. MOTHER'S MAIDEN NAME Charlotte Rieken
14. NAME OF HUSBAND OR WIFE Laura (Kehler) Dierks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) No.
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Masonic Home Of Missouri ADDRESS St Louis Mo.
Lewis C Robertson Supt.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	CORONARY OCCLUSION	ONE DAY
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	ARTERIOSCLEROTIC HEART DISEASE	1 YEAR
DUE TO (c)	AURICULAR FIBRILLATION	10 DAYS
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	ARTERIOSCLEROSIS GENERALIZED	10 YRS

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 4200

22. *I hereby certify that I attended the deceased from* MAY 12, 1955, *to* MAY 22, 1955, *that I last saw the deceased alive on* MAY 22, 1955, *and that death occurred at* 5:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Robert A. Hall, M.D. 0
23b. ADDRESS 3902 LAFAYETTE ST. LOUIS, Mo.
23c. DATE SIGNED MAY 22, 1955

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
24b. DATE 5-24-55
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Imperial, Mo.

DATE REC'D BY LOCAL REG. MAY 26 1955
REGISTRAR'S SIGNATURE J. Earl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Heilitag, Imperial, Mo. **ADDRESS**

S.P. (Licensed Embalmer's Statement on Reverse Side)

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 .....
Student Embalmer

Signed Ben C. Hoffman

Licensed Embalmer No. 366

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.