

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14619

FILED MAY - 8 1957

State File No. 3916  
Registrar's No. 3916

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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) OR TOWN St. Louis c. LENGTH OF STAY (If in hospital) 4 hrs

c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Anthony's

f. STREET ADDRESS (If rural, give location) 757 4726 So Grand Blvd

3. NAME OF DECEASED (Type or Print) a. (First) EDITH b. (Middle) R c. (Last) DIERKES

4. DATE OF DEATH (Month) (Day) (Year) 4-22-1957

5. SEX Male 6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 8-27-1900

9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months 7 Days 29 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home

10b. KIND OF BUSINESS OR INDUSTRY House Work

11. BIRTHPLACE St. Louis Mo. (and No. or Foreign Country)

12. COUNTRY OF WHAT COUNTRY USA

13a. FATHER'S NAME John D Miller

13b. MOTHER'S MAIDEN NAME Caroline Metz

14. NAME OF HUSBAND OR WIFE George H Dierkes

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give branch, rank, and dates of service) NO

16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE OR NAME George H Dierkes 4726 So Grand Blvd

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Congestive Heart Failure (b) Hemiplegia, Left (c) Antecedent Causes: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause(s). DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH 1 day 13 years

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

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) 352X

20. AUTOPSY? YES  NO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 4/22, 1957, to 4/22, 1957, that I last saw the deceased alive on 4/22, 1957 and that death occurred at 4 PM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Walter S. [Signature]

23b. ADDRESS 4617 W. Dublin Ave.

23c. DATE SIGNED 4-23-57

24. BURIAL, CREMATION, OR OTHER REMOVAL (Specify) \_\_\_\_\_ 24b. DATE 4-25-1957

24c. NAME OF CEMETERY OR CREMATORY SunSet Burial Park

24d. LOCATION (City, town, or county) (State) St. Louis Mo

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE APR 24 1957 Carl Smith Mo. Reg.

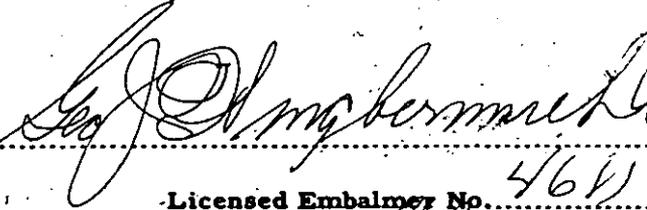
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WINGBERMUEHLE 3819 So Grand Blvd.

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  .....

Licensed Embalmer No. 464  
P. O. Address Home 18

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.