

300
T-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JUL 17 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27004

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1556

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY St. Louis, | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri, b. COUNTY St. Louis, | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lemay, Mo. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Lemay 4860 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis County Hospital, (If NOT in hospital, give location) Length of stay in 1b | | d. STREET ADDRESS 1801 Telegraph Rd., (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) Theodore L. Dierker, First Middle Last | | | 4. DATE OF DEATH June 14, 1957 Month Day Year |
| 5. SEX Male. | 6. COLOR OR RACE White, | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH March 2, 1908 |
| 9. AGE (In years last birthday) 49 | | IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter | | 10b. KIND OF BUSINESS OR INDUSTRY Morie and Willems | 11. BIRTHPLACE (City and state or country) St. Louis, Missouri, |
| 13. FATHER'S NAME Louis Dierker, | | 14. MOTHER'S MAIDEN NAME Catherine Bange, | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW-2 | | 16. SOCIAL SECURITY NO. 492-05-1734 | 17. INFORMANT Mrs. Kathryn L. Dierker, 1801 Telegraph Rd Address |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxia due to drowning | | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | 9348 |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Driving his car through flood water, lost his way | | |
| 20c. TIME OF INJURY 12:15 P.M. 6/15/57 Hour Month, Day, Year | and drove into a field where his car stalled in deep water; found lying on back seat of car | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) car in flood waters | 20f. CITY, TOWN, OR LOCATION Rural COUNTY St. Louis STATE Mo. | 400 |
| 21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Raymond H. Hain (Degree or title) 3 Coroner | | 22b. ADDRESS Clayton, Mo. | 22c. DATE SIGNED 6/19/57 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial, | 23b. DATE 6/19/57 | 23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery, | 23d. LOCATION (City, town, or county) (State) Lemay, Mo. |
| 24. FUNERAL DIRECTOR Gebken-Benz Mortuary, ADDRESS 2842 Meramec St., St. Louis, 18, Mo. | | 25. DATE RECD. BY LOCAL REG. 6-18-57 | 26. REGISTRAR'S SIGNATURE Herbert B. Donk |

824

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

Student.....
Signature of Student Embalmer

Signed.....
Joe S. Benz

Licensed Embalmer No. 42

2842 Meramec

P. O. Address St. Louis,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.