WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

20026

1. PLACE OF DEATH
County St. Louis — Registration District No. 791
Township — Primary Registration District No. 1003 — File No.
City St. Louis (No. 632 Red Bud Ave. St. Ward) — Registered No. 5792

2. FULL NAME Frederica Dickman
(a) Residence. No. 632 Red Bud St., 9 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Gerhard Dickman

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 18 1842

7. AGE: 85 YEARS, 5 MONTHS, 4 DAYS — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Wife
(b) General nature of industry, business, or establishment in which employed (or employer): 46B
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

PARENTS
10. NAME OF FATHER: Unknown Yunkel
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Wm Dickman
(Address): 2616 Nat. Bridge

15. FILED JUN 23 1927, 19 — Mary C Starkloff, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 22 1927

17. I HEREBY CERTIFY, That I attended deceased from June 17, 1927, to June 22, 1927, that I last saw h.m. alive on June 22, 1927, and that death occurred, on the date stated above, at 12 30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Stomach
44a
(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
(1) DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) J. J. Davis, M. D
, 19 (Address) 3602 W Florissant av

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: St. Charles, Mo. — DATE OF BURIAL: June 25 1927

20. UNDERTAKER: Jas. W. Clark — ADDRESS: 1125 Hodiamont Ave.

[illegible]
[illegible] W. W. Flores.