

REC'D MAY 10 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

12748
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003** Registered No. **3352**
 (c) City **St. Louis, Mo.** (d) Street No. **City Sanitarium** St.
 (e) Length of residence in city or town where death occurred **10** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Joseph Dickemper, 251**

(a) Residence, No. **2019 College Ave.** St. **9** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Single**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **6-29-1875**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
62 9 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Laborer**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Laborer**
 10. Date deceased last worked at this occupation (month and year) **About 1900** 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Missouri**

FATHER 13. NAME **Frank S. Dickemper**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Missouri.**

MOTHER 15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Missouri.**

17. INFORMANT (ADDRESS) **A.A. Cook, M.D. 5400 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Calvary** DATE **April 11th 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Stroot - Carroll 4600 Natural Bridge Ave**

20. FILED **APR 9 1938 J.F. Briedeck Local Registrar**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4-8-1938** 19

22. I HEREBY CERTIFY That I attended deceased from **7-1-37**, 19, to **4-8-1938**, 19.

I last saw him alive on **4-8-38**, 19. Death is said to have occurred on the date stated above, at **12:30** m. A.M.
 The principal cause of death and related causes of importance were as follows:

Chronic Nephritis 7-1-37 Date of onset

Other contributory causes of importance:

Pulmonary Tuberculosis 1-2-38x

Pulmonary Edema 4-5-38

Pericarditis 4-7-38x

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify (Signed) **Donald A. Cook**, M. D.

(Address) **5400 Arsenal St.**

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed *Frank H. Street* _____

Licensed Embalmer No. *2265* _____

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.)