

REC'D JUN 9 1938

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

16917
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **St. Anthony's Hospital** Registered No. **4778**
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Carl Dimock** **520**

(a) Residence, No. **3193 Portis Pl.** St. **16**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov. 24, 1894**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 6 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Superintendent**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Webb-Boone Co.**
 10. Date deceased last worked at this occupation (month and year) **About 7 weeks ago** 11. Total time (years) spent in this Occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Moline Ill.**

FATHER 13. NAME **Harry Dimock**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

MOTHER 15. MAIDEN NAME **Anna Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Helen Dimock**
 (ADDRESS) **3193 Portis Pl.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Moline Illinois** DATE **5-26** 1938

19. FUNERAL DIRECTOR (NAME) **Kriegshauser Mortuary**
 (ADDRESS) **4228 So. Kingshighway**

20. FILED **MAY 24 1938** **J. P. Bredbeck**
 (Local Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5-24** 1938

22. I HEREBY CERTIFY, That I attended deceased from **4-4** - 1938, to **5-24** - 1938
 I last saw him alive on **5-23** - 1938. Death is said to have occurred on the date stated above, at **12:30** A.M.
 The principal cause of death and related causes of importance were as follows:

Multiple abscesses of brain
Acute pneumonia
Caused by abscesses of brain
 Other contributory causes of importance: **cause of abscesses unknown**

Date of onset
5/10/38
4/13/38

Name of operation **rigor** Date of **rigor**
 What test confirmed **Autopsy** 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? **No**
 If so, specify **W. F. Heun** M. D.
 (Signed) **W. F. Heun**
 (Address) **3115 S. Grand**

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.

Mr. W.F. Hearn
3/15 do Hearn
3-4

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 _____

Registered Apprentice No. _____, working under my personal supervision.

Signed Edwin P. McArthur

Licensed Embalmer No. 3024

P. O. Address _____

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, above space should be left blank.