

REC'D MAR 13 1939

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

4612
Do not use this space.791
1003

Registered No. 1305

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City (d) Street No. 4661 DELOR St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 MARY M. DICKMAN

(a) Residence, No. 4661 DELOR St. 15
(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 FEMALE 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT. 24, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 4 14

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

12. BIRTHPLACE (CITY OR TOWN) ST. LOUIS, MO. (STATE OR COUNTRY)

13. NAME JOSEPH DICKMAN

14. BIRTHPLACE (CITY OR TOWN) GERMANY (STATE OR COUNTRY)

15. MAIDEN NAME HENRIETTA BICKHOFF

16. BIRTHPLACE (CITY OR TOWN) GERMANY (STATE OR COUNTRY)

17. INFORMANT JOSEPH DICKMAN (ADDRESS) 4661 DELOR

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEMETERY, DATE FEB. 11, 1939

19. FUNERAL DIRECTOR (NAME) Joseph and Herbert (ADDRESS) 2228 W. Fair Ave.

20. FILED J. B. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1st, 1939 to Feb. 8, 1939

I last saw h. or alive on Feb. 7, 1939. Death is said to have occurred on the date stated above, at 6:45 p.m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
Chronic hepatitis
Cardiac asthma

Date of onset

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? clinical Was there an autopsy? no23. 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 injury24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Paul H. Smith, M. D.
(Address) 414 S. Grand

FEB 9 1939

(Licensed Embalmer's Statement on Reverse Side)

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.

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.....

Charles Goodhart

....., Registered Apprentice No.

working under my personal supervision.

Signed *Charles Goodhart*

Licensed Embalmer No. *2777*

P. O. Address *J. Lewis Mo*

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.