DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JUL 12 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20739

Registration District No. 791 | Primary Registration District No. | Registrar's No. 5583

1. PLACE OF DEATH: 1003
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 days (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis 1 22
(If outside city or town limits, write "RURAL")
(d) Street No. 13th & Chouteau
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 63 years years.

3. (a) PRINT FULL NAME William Dummick 520
3. (b) If veteran, name war —
3. (c) Social Security No. 498-03-3868
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced, unk
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased ~~Feb~~ Sept. 16th 1878 (Month) (Day) (Year)
8. AGE: Years ~~63~~ 62 Months 9 Days 11 If less than one day hr. min.
9. Birthplace City (City, town, or county) (State or foreign country)
10. Usual occupation E.B. Amber Heating Co. O
11. Industry or business Business
MOTHER FATHER
12. Name August Chas. Dummick
13. Birthplace Cincinnati, Ohio O (City, town, or county) (State or foreign country)
14. Maiden name Sarah Jane Price
15. Birthplace St. louis, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Mildred Kent
(b) Address City Hospital
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/26/39 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem —
18. (a) Signature of funeral director M. J. Croghan —
(b) Address 7146 Manchester ave —
19. (a) JUN 23 1939 (Date received local registrar) (b) J. D. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6-22 day 22 year 1939 hour 4.05 minute P. M.
21. I hereby certify that I attended the deceased from 6-8-39, 19__, to 6-22-39, 19__; that I last saw him alive on 6-22-39, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of colon
Due to
Due to
Other conditions Cerebral arteriosclerosis
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence 6-22-1939
(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? At Home (Specify type of place)
While at work? (e) Means of injury
23. Signature Edward J. Weiss (M. D. or other)
Address Date signed

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

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

Signed J. A. Williamson

Licensed Embalmer No. 3565

P. O. Address 7146 Manchester

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.