

15678

State File No. _____
Registrar's No. 875

FILED APR 27 1942

Registration District No. 784

Primary Registration District No. 111

1. PLACE OF DEATH:

(a) County Saint Louis
(b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Saint Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Clayton rural
(If outside city or town limits, write "RURAL")
(d) Street No. 111 Frontenac Drive
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME C. Gray Dimmitt

3. (b) If veteran, name war No 3. (c) Social Security No. 498-03-3156

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Florence LeMasters Dimmitt 6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased January 11 1902
(Month) (Day) (Year)

8. AGE: Years 40 Months 3 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Rocheport Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation President, Dimmitt-Rickhoff-Bayer

11. Industry or business Real Estate Company

12. Name Charles Clifford Dimmitt

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Lydia Kuhne

15. Birthplace Troy Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. C. Gray Dimmitt

(b) Address 111 Frontenac Drive

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/20/42
(Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd at Concordia Lane

19. (a) APR 20 1942 (b) C. G. McNamee
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18 year 1942 hour 11 minute _____ A. M.

21. I hereby certify that I attended the deceased from 4/16/42 to 4/18/42, 19____; that I last saw him alive on 4/18/42, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral lobar pneumonia
Acute cardiac dilatation
Due to Pneumococcus

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy St. Mary's Hospital
lobar pneumonia and cardiac dilatation

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Marion G. Drumm M.D. (M. D. or other) _____
Address 1927a N. Union Avenue Date signed 4/19/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

498-03-3156

Mc-89

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 *Wolfe*
Licensed Embalmer No. 1994
P. O. Address Saint Louis

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, fact should be so stated above.

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