S. No. 2
—9-4-41
5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22715

State File No. 6114

FILED JUL 28 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Barnes 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 Ill. (b) County Effingham

(c) City or town Altamont (If outside city or town limits, write "RURAL") 999 N.R.

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? Mo. (Yes or No)

If yes, name country 2

3. (a) PRINT FULL NAME LAWRENCE RICHARD DICKMAN

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced A.D.

6. (b) Name of husband or wife none

6. (c) Age of husband or wife if alive none years

7. Birth date of deceased ✓ (Month) ✓ (Day) 1931 (Year)

8. AGE: Years abt 11 | Months ✓ | Days ✓ | If less than one day hr. min.

9. Birthplace Altamont (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Playchild

11. Industry or business Home

FATHER
12. Name Fred Dickman
13. Birthplace Altamont (City, town, or county) Ill. (State or foreign country)

MOTHER
14. Maiden name Sophia Parker
15. Birthplace Altamont (City, town, or county) Ill. (State or foreign country)

16. (a) Informant E W Budde

(b) Address Altamont, Ill.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Dexter

18. (a) Signature of funeral director Woodrow Kelly

(b) Address Altamont, Ill.

19. (a) JUL 20 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17 year 1942 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from 7-14, 1942, to 7-17, 1942 that I last saw him alive on 7-17, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Brain Tumor, Malignancy

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Ernest Lachs (M. D. or other)

Address 916 Union Club Bldg. Date signed

844 (Licensed Embalmer's Statement on Reverse Side)

6114

6114

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by Yordrow Kall, ~~Registered Apprentice~~ No. ~~6944~~ working under my personal supervision.

Signed Yordrow Kall

Licensed Embalmer No. 6944

P. O. Address Altamont, Ill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.