

ED NOV 1 1943 318

Registration District No.

Primary Registration District No.

1003

9203  
989  
30NR  
OK

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Luke'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 New York (b) County Rockland  
(c) City or town SUFFERN  
(If outside city or town limits, write "RURAL")  
(d) Street No. SUFFERN PARK  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_ 2

3. (a) PRINT FULL NAME Harry D. Dimmock

3. (b) If veteran, name war None 3. (c) Social Security No. Unavailable

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

6. (b) Name of husband or wife. Lillian Dimmock 6. (c) Age of husband or wife if alive. 38 years

7. Birth date of deceased. May 29 1903  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
40 4 22 hr. min.

9. Birthplace Binghamton New York  
(City, town, or county) (State or foreign country)

10. Usual occupation Civil Engineer

11. Industry or business New York State Highway Dept

12. Name Sidney Dimmock

13. Birthplace Great Bend Ind  
(City, town, or county) (State or foreign country)

14. Maiden name Harriet Pangburn

15. Birthplace Union New York  
(City, town, or county) (State or foreign country)

16. (a) Informant Lillian Dimmock  
(b) Address Suffren Park, New York

17. (a) Removal (b) Date thereof 10/22/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New York City, N.Y.

18. (a) Signature of funeral director. Albert H. Hoppe, Inc

(b) Address 4700 Washington Blvd.

19. (a) OCT 22 1943 (b) J. F. Budeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 21  
year 1943 hour 9:05 minute A M.

21. I hereby certify that I attended the deceased from October 6 1943 to October 21 1943  
that I last saw him alive on October 21 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death. Demebecation

Due to Paralysis bytoms

Other conditions. 87  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) Means of injury \_\_\_\_\_

23. Signature: J. F. Budeck (M. D. or other) M.D.  
Address 4952 Maryland Ave Date signed 10/21/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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.....

*Robert H. Hopper*  
.....  
Licensed Embalmer No. 1861

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, fact should be so stated above.**