

FILED JAN 26 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2425

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1002** Registrar's No. **351**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Enroute City Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>1421 Hogan St.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Edmond</b> b. (Middle) c. (Last) <b>Dimmic</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 11, 1950</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>Oct. 16, 1887</b>
9. AGE (In years last birthday) <b>62</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Dish Washer</b>	11. BIRTHPLACE (State or foreign country) <b>Lonza, Poland</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		13. FATHER'S NAME <b>Wojciek Dimmic</b>	

13a. FATHER'S NAME <b>Wojciek Dimmic</b>		13b. MOTHER'S MAIDEN NAME <b>Eva Cziebrinski</b>		14. NAME OF HUSBAND OR WIFE <b>Josephine</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>355-10-1900</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Walter Dimmic, Collinsville, Ill.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fr of skull; Subdural hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO <b>suffered upon deceased apparently struck by unknown automobile driven by unknown driver at intersection of 12th and Bradley Sts</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Jan 11, 1950 545 am</b>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Hemorrhage at the base of Party in Parties unknown</b>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Homicide</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, office, etc.) <b>Street</b>		21c. (CITY, TOWN OR TOWNSHIP), (COUNTY) (STATE) <b>St. Louis Mo. E. 8/124</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Jan 11 50 P 545 m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>vsd</b>	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **545A m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Gabriel E Taylor</b> (Degree or title) <b>Cornet's</b>		23b. ADDRESS <b>1300. Clark</b>		23c. DATE SIGNED <b>1/12/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>1-12-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>East St. Louis, Ill.</b>	

DATE REC'D BY LOCAL REG. <b>JAN 12 1950</b>		REGISTRAR'S SIGNATURE <b>Blasater</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Sedlack Funeral Home, E. St. Louis, Ill.</b>	
---	--	---------------------------------------	--	--	--

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

209  
3

**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

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Edward H. Remick

Licensed Embalmer No. 4293

P. O. Address St. Louis, 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, fact should be so stated above.