

FILED APR 14 1950

STANDARD CERTIFICATE OF DEATH

State File No. **10348**
3172
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		D 179		
d. FULL NAME OF HOSPITAL OR INSTITUTION 3548 VICTOR ST.				d. STREET ADDRESS (If rural, give location) 17 3548 VICTOR ST.				
3. NAME OF DECEASED (Type or Print) MAYME			a. (First)		b. (Middle)		c. (Last) DICKMANN	
4. DATE OF DEATH APRIL 3, 1950		(Month) (Day) (Year)		5. SEX FEMALE		6. COLOR OR RACE WHITE		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED		8. DATE OF BIRTH AUG 8, 1880		9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (State or foreign country) ST. LOUIS, Mo.		12. CITIZEN OF WHAT COUNTRY? 0		
13a. FATHER'S NAME JOSEPH F. DICKMANN		13b. MOTHER'S MAIDEN NAME MARIA EILERS		14. NAME OF HUSBAND OR WIFE OTTO HEZEL				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME BERNARD F. DICKMANN ADDRESS 4475 W. PINE BLD.				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4201				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from Jan 1, 1950 , to Apr 4, 1950 , that I last saw the deceased alive on Apr 4, 1950 , and that death occurred at 8 P. M. , from the causes and on the date stated above. 4/4/50								
23a. SIGNATURE B. J. Deedorn D.M.D. (Degree or title)				23b. ADDRESS 1504 S. Grand		23c. DATE SIGNED 4/4/50		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE APRIL 5, 1950		24c. NAME OF CEMETERY OR CREMATORY S.S. PETER + PAUL CEM.		24d. LOCATION (City, town, or county) (State) ST. LOUIS, Mo		
DATE REC'D BY LOCAL REG. APR 4 1950		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Wm. & Robert R. + W. Co. ADDRESS 1905 So. GRAND BLD.				

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

MAY 22 1950

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

J. Alfred Davis Jr.

Licensed Embalmer No. *4953*

Signed.....
Student Embalmer

P. O. Address *St. 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.