JAN 28 1929

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

42214

1. PLACE OF DEATH
County St Charles — Registration District No. 757
Township — Primary Registration District No. 3036
City St. Charles (No. Sr. Joseph Hospital St. Ward)
File No.
Registered No. 184

2. FULL NAME William Dickhecker
(a) Residence. No. Otallon Mo. R 1 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Josephine Dickhecker

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 30 - 1881

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
47	5	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer): Stock & Grains
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dardenne Mo

PARENTS
10. NAME OF FATHER: John Dickhecker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Dardenne Mo
12. MAIDEN NAME OF MOTHER: Nagel
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT Per Mrs. Josephine Dickhecker
Eaula Otallon Mo. R 1

15. FILED 12/14 1928 Hy G. Bloebaum REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 14 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1928, to Dec 14, 1928 that I last saw him alive on Dec 13, 1928, and that death occurred, on the date stated above, at 6 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
108
(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) 101 A
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. M. Jenkins, M. D
, 19 (Address) St Charles, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Dardenne Mo.
DATE OF BURIAL: 12/17 1928

20. UNDERTAKER: E A Keithley
ADDRESS: Otallon Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.