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

Do not use this space.

3468

File No. .....

Registered No. 1

1. PLACE OF DEATH

County St. Louis Registration District No. 1170

Township Central Primary Registration District No. 6248 H

City Richmond Hts. (No. St. Mary's Hospital St. ..... Ward)

2. FULL NAME Wm. L. Dicks.

(a) Residence. No. 7043 Waterman Ward. St. Louis Mo.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*): Widower.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Catherine Dicks

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 6. 1857

7. AGE: Years 77. Months 0. Days 7. If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS

10. NAME OF FATHER: John Dicks

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Virginia.

12. MAIDEN NAME OF MOTHER: Mary Harmon.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Penn.

14. INFORMANT: Mr. Frank Dicks.
(Address) 7043 Waterman.

15. FILED 1/2, 1929 C. L. Jenson, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 1 1929.

17. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1928, to Jan 1, 1929 that I last saw h. alive on Dec 31, 1928 and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchopneumonia
1 day
1 day
Chronic Myocarditis (duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) ..... (duration) 7 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? —
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Wm. Langan Jr., M. D.
Jan 1, 1929 (Address) 5863 Clymer Ave

*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: Calvary. DATE OF BURIAL 1/3 1929

20. UNDERTAKER: Mullen Lund Co. ADDRESS 5765 Delmar.

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.

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