

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

Do not use this space.

12013

PLACE OF DEATH

County St. Louis Registration District No. 757
 Township St. Charles Primary Registration District No. 3036
 City St. Louis (Name of Hospital St. Joseph Hospital)
 File No. _____ Registered No. 51 St. _____ Ward _____

2. FULL NAME John Kelly Dicks
 (a) Residence No. _____ St. _____ Ward Wentzville Mo
 (Usual place of abode) (If non-resident 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) Single
 5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 1st 1856
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
73 2 15

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

9. BIRTHPLACE (CITY OR TOWN) New Mills
 (STATE OR COUNTRY) _____

10. NAME OF FATHER Chas Dicks

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know
 (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Hornig

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know
 (STATE OR COUNTRY) Mo

14. INFORMANT Dalton Dicks
 (Address) Wentzville Mo.

15. FILED 3/18 1929 By G. Bloebaum
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from March 12 1929, to March 13 1929
 that I last saw breath alive on March 13 1929, and that death occurred, on the date stated above, at 7 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia
Influenza
 (duration) yrs. mos. ds. 5 ds.
 CONTRIBUTORY (SECONDARY) Influenza
 (duration) yrs. mos. ds. 7 ds.

18. WHERE WAS DISEASE CONTRACTED Don't know
 IF NOT AT PLACE OF DEATH. Don't know
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS. Clinical symptoms
 (Signed) H. H. Ziegler, M. D.
3-17 1929 (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 Don't know DATE OF BURIAL March 18 1929

20. UNDERTAKER Ed D'Arcy ADDRESS Wentzville Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

APR 30 1929

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