

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

Do not use this space.

5846

1. PLACE OF DEATH

County St. Charles
Township Barrens
City Palmit Hill (No.)

Registration District No. 1175
Primary Registration District No. 5999

File No. 1
Registered No. 2
St. Ward)

2. FULL NAME

Gregory J. Dickheiser
(a) Residence. No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. 5 mos. 8 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) Aug 24 - 1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
17 5 8

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work General store clerk
(b) General nature of industry, business, or establishment in which employed (or employer) 135
(c) Name of employer H. J. Dickheiser

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

10. NAME OF FATHER H. J. Dickheiser

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

12. MAIDEN NAME OF MOTHER Balard

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

14. INFORMANT H. J. Dickheiser
(Address) Palmit Hill Mo

15. FILED 2/2 19. 32 WCO@dureau
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 7 1932

17. I HEREBY CERTIFY, That I attended deceased from Viewed body 19. to 19. Dec 2 1931, and that that I last saw him alive on Dec 2 1931, and that death occurred, on the date stated above, at 330 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Age 85
Epilepsy
(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 80
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF 5

19. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) Heberding Curran, M. D.
Feb 2, 1932 (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 Palmit Hill Mo DATE OF BURIAL Feb 3 1932

20. UNDERTAKER D. C. Patman ADDRESS St. Louis 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.

MAR 24 1932

