

AUG 9 1935

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

Do not use this space.

24971

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis, Mo. (No. City Infirmary)

File No.....
Registered No. **6407**
St. Ward)

2. FULL NAME

Frank Dickman
(a) Residence, No. City Infirmary St., 13 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>unknown</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 8, 1866</u>				
7. AGE	YEARS <u>68</u>	MONTHS <u>11</u>	DAYS <u>40</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Teamster</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year).....		11. Total time (years) spent in this occupation.....	
12. BIRTHPLACE (CITY OR TOWN) <u>St. Louis, Mo.</u> (STATE OR COUNTRY)				
FATHER	13. NAME <u>Frank Dickman</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>X Germany</u> (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME <u>Mary Idelman</u>			
	16. BIRTHPLACE (CITY OR TOWN) <u>X Germany</u> (STATE OR COUNTRY)			
17. INFORMANT <u>J. H. Sullivan</u> (ADDRESS) <u>7580 Arsenal St.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Peter's Cem.</u> DATE <u>July 30, 1935</u>				
19. UNDERTAKER <u>My Ludwig, St. Louis</u> (ADDRESS) <u>1417 N. Market St.</u>				
20. FILED <u>JUL 29 1935</u> <u>G. F. Bredeck</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28, 1935
22. I HEREBY CERTIFY, that I attended deceased from Mar 8, 1930 to July 28, 1935
I last saw him alive on July 28, 1935 Death is said to have occurred on the date stated above, at 12:10 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic myocarditis Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?.....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

(Signed) C. I. Herbert, M. D.
(Address) Isolation Hospital

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.

1911
M. J. ...