

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.

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

Do not use this space.

OCT 21 1936

38918

## 1. PLACE OF DEATH

St. Louis  
County  
Township *Central*  
City (No. )

Registration District No. *789*  
Primary Registration District No. *6033*  
6405 Lenox

File No. \_\_\_\_\_  
Registered No. *2934*  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Jacob Dick

(a) Residence, No. *6405 Lenox* St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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 **Married**  
(If divorced, give the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Emma Dick**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **August 24, 1884**

7. AGE YEARS **73** MONTHS **1** DAYS **14** If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Machinist Washington University**  
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) **July 1935** 11. Total time (years) spent in this occupation **33**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Alton Illinois**13. NAME **Jacob Dick**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**15. MAIDEN NAME **Unknown**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**17. INFORMANT **Mrs. Emma Dick**  
(ADDRESS) **6405 Lenox Avenue**18. BURIAL, CREMATION, OR REMOVAL PLACE **Jerseyville Illinois** DATE **Oct 10 1936**19. UNDERTAKER **Shy and Financial Home**  
(ADDRESS) **1137 Hamilton Avenue**20. FILED **10-9-** 19 **36** **Al Baechner**  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 8** 19 **36**22. I HEREBY CERTIFY, That I attended deceased from **Sept. 29** 19 **36** to **Oct. 8** 19 **36**I last saw him alive on **Oct. 8** 19 **36** Death is said to have occurred on the date stated above, at **1 P. M.**

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

**Chronic Myocarditis** Date of onset **1934**Other contributory causes of importance: **None**Name of operation **None** Date of \_\_\_\_\_  
What test confirmed diagnosis? **Clinical** Was there an autopsy? **No**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? **No**  
If so, specify \_\_\_\_\_(Signed) **J. L. Davis** M. D.  
(Address) **1492 Hodiamour**

