

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

16842  
Do not use this space.

REC'D JUN 12 1939

**1. PLACE OF DEATH**

(a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. .... Registered No. **4376**  
 (c) City ST. LOUIS (d) Street No. DE PAUL HOSPITAL St. ....  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

(a) Residence, No. 2324 BENTON STR. St. 20 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**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) MAY 10, 1939  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, 5 hrs. or 5 min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ....  
 9. Industry or business in which work was done, as 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) ST. LOUIS (STATE OR COUNTRY) MO.

FATHER 13. NAME WARREN DICKEY  
 14. BIRTHPLACE (CITY OR TOWN) IOWA (STATE OR COUNTRY) IOWA

MOTHER 15. MAIDEN NAME WARREN GUTHRIE  
 16. BIRTHPLACE (CITY OR TOWN) IOWA (STATE OR COUNTRY) IOWA

17. INFORMANT WARREN DICKEY (ADDRESS) 2324 BENTON STR.

18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PARK DATE 5-11-39

19. FUNERAL DIRECTOR (NAME) CULLEN KELLY (ADDRESS) 1416 N. TAYLOR AVE.

20. FILE MAY 11 1939 J. D. Bredek Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 10 - 1939

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1939, to May 10, 1939  
 I last saw him alive on May 10, 1939 Death is said to have occurred on the date stated above, at 5:35 p. m.

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

Asphyxia neonatorum due to tentorial laceration

Other contributory causes of importance

Name of operation none Date of .....  
 What test confirmed diagnosis? no 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) Frederick V. Emmert M. D.  
 (Address) 713 Metropolitan Bldg.

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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_, or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed Edment M. Ward

Licensed Embalmer No. 3736

P. O. Address St. Louis

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**