

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33565

State File No.

Registrar's No. 8262

Primary Registration District No.

NOV 16 1940

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County ST. LOUIS, MO
(b) City or town ST. LOUIS, MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6718 BANCROFT AVE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community 15 YRS
years, months or days)

3. (a) PRINT FULL NAME JOHN H. DICKERMAN

3. (b) If veteran, name war NO 3. (c) Social Security No. NAME

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MAUDE DICKERMAN 6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased APRIL 21 1895
(Month) (Day) (Year)

8. AGE: Years 45 Months 5 Days 11 If less than one day hr. min.

9. Birthplace DE SOTO NO 0
(City, town, or county) (State or foreign country)

10. Usual occupation CARPENTER 4

11. Industry or business SELF 1

12. Name JOHN DICKERMAN

13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

14. Maiden name MARGARET M. BLOOM

15. Birthplace ALABAMA
(City, town, or county) (State or foreign country)

16. (a) Informant MAUDE DICKERMAN

(b) Address 6718 BANCROFT AVE

17. (a) BURIAL (b) Date thereof OCT 5 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GARNETT KANSAS

18. (a) Signature of funeral director KRIEGER HAUSER UND

(b) Address 4338 S. KING HIGHWAY BLD

19. (a) OCT 4 1940 (b) J. H. Dickerman
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 3
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 6718 BANCROFT
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 3rd
year 1940 hour 5 minute 20 P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Carbon Monoxide poisoning
self administered, when deceased was found seated in his Dodge Coupe, parked in lot adjoining his home at 6718 Bancroft av., with hose attached to exhaust pipe.

Due to SUICIDE

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) SUICIDE
(b) Date of occurrence 10-3-1940
(c) Where did injury occur? home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? home (Specify type of place) (c) Means of injury 5

23. Signature W. H. Perry (M. D. or other)
Address 1017 1/2 E. 11th Date signed 10/11/40

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

Richard K. Thuma

Licensed Embalmer No.

3395

P. O. Address

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, fact should be so stated above.