No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27116

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6908

19

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

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Lukes Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community 20 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5475 Cabanne Ave (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Anna Margret Dickman
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex Fem
5. Color or race W
6. (a) Single, widowed, ~~married~~, ~~divorced~~ Widowed
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 8 (Day) 1853 (Year)

8. AGE: Years 88 Months 7 Days 17 If less than one day hr. min.

9. Birthplace Newbremen (City, town, or county) Ohio (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Christian Schmidt
13. Birthplace Hanover (City, town, or county) Germany (State or foreign country)
MOTHER 14. Maiden name Margret Boesel
15. Birthplace (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Rosine Dickman
(b) Address 5475 Cabanne
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/27/41 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ burial St. Matthews
18. (a) Signature of funeral director Alexander & Sons
(b) Address 6175 Delmar Ave
19. (a) AUG 26 1941 (Date of registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25th year 1941 hour 9:45 minute P.M.
21. I hereby certify that I attended the deceased from August 19th 1941, to August 25th 1941; that I last saw her alive on August 25 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Terminal pneumonia but very active	36 hours
Due to Fracture neck left femur	7 days
Due to Hypertensive heart and vascular disease	30 yrs.
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) Accident
(b) Date of occurrence August 19th 1941 000
(c) Where did injury occur? 5475 Cabanne Ave St. Louis, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Apartment with daughter) (Specify type of place)
While at work? no (e) Means of injury Fall
23. Signature J. Fred W. Clark (M. D. ~~or other~~) M.D.
Address 864 Hamilton St. Louis, Mo. Date signed 8-25-41

(Licensed Embalmer's Statement on Reverse Side)

FEB 25 1942

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 Raymond L. Morris, Registered Apprentice No. 290 working under my personal supervision.

Signed Thomas R. Fenwick

Licensed Embalmer No. 3793

P. O. Address St Louis Mo

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

If this body is not embalmed, fact should be so stated above.