

Registration District No. 791 Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Masonic Home of Missouri  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 year - 10 da  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL.")  
(d) Street No. 5351 Delmar Blvd.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Maurice Dick

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Della Wright 6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 1, 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 11 25 hr. min.

9. Birthplace Lincoln, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Doctor

11. Industry or business

MOTHER FATHER { 12. Name not given  
13. Birthplace Benton, County (City, town, or county) (State or foreign country)  
14. Maiden name not given  
15. Birthplace Benton County (City, town, or county) (State or foreign country)

16. (a) Informant Iva Hirsch  
(b) Address 5351 Delmar 4/26/42

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/26/42  
(Month) (Day) (Year)

(c) Place: burial or cremation Dixton Mo

18. (a) Signature of funeral director Robert H. ...  
(b) Address 4000 Washington Blvd

19. (a) FEB 26 1942 (Date received local registrar) (b) J. F. Gredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 25  
year 1942 hour 7.45 minute P.M.

21. I hereby certify that I attended the deceased from February 15, 1941 to February 25, 1942  
that I last saw him live on February 25, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 3 days

Due to Hypertension 4 mths

Due to Chronic Myocarditis 1 yr.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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

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

While at work (Specify type of place) \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature John ... (M. D. or other) Address 508 N. Grand Blvd. Date signed 2 25 42

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

---

---

**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.....

Licensed Embalmer No.....

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.**