. S. No. 2
M—9-4-41
. 5-17-39
P I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7546

FILED MAR 11 1943

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 3503

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town GRAVOIS RURAL
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Miller Nursing Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 17

(c) City or town St. Lousi 9
(If outside city or town limits, write "RURAL")

(d) Street No. 1404 Elliot St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Barney Henry Dickmeyer

3. (b) If veteran, name war .....

3. (c) Social Security No. None

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced 3 Divorced

6. (b) Name of husband or wife Unkn.

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased March (Month) 25 (Day) 1865 (Year)

8. AGE: Years 77 Months 10 Days 13 If less than one day ..... hr. ..... min.

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

10. Usual occupation Retired

11. Industry or business .....

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Josephine Dickmeyer

(b) Address 1404 Elliot St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/9/43 (Month) (Day) (Year)

(c) Place: burial or cremation Winfield, Mo.

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Blvd.

19. (a) (Date) (b) C. G. McGaison M.D. (Registrar's signature)

FEB 11 1943

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8 year 1943 hour 12 minute 06 P M.

21. I hereby certify that I attended the deceased from Feby 3rd, 1943, to Feby 8, 1943 that I last saw him alive on on Feby 3, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death General weakness from Carcinom of Prostate with widespread Metastasis

Due to Carcinoma and Malnutrition

Due to .....

Other conditions Very much Emaciated
(Include pregnancy within 3 months of death)

Major findings:
Of operations Carcinoma of Prostate Operated on at City Hospital
Of autopsy None

Duration

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) .....

(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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature J. J. Meredith (M. D. ~~or other~~)

Address 1259 N. Kingshighway Date signed 2-10-43

(Licensed Embalmer's Statement on Reverse Side)

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. 3575

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.