

FILED MAR 27 1944 318

1003

Registrar's No. 2684

Registration District No. _____ Primary Registration District No. _____

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:
Lutheran Hospital
(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:
 (a) State Missouri (b) County Perry
 (c) City or town Perryville
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME William J. Dickman
 3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower
 6. (b) Name of husband or wife Augusta Dickman 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased May 18 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 9 29 hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER
 { 12. Name Frederick Dickman
 { 13. Birthplace Arnsburg Missouri
(City, town, or county) (State or foreign country)
 { 14. Maiden name Wilhelmine Grossheider
 { 15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant K.R. Dickman
 (b) Address Perryville, Mo.

17. (a) Burial (b) Date thereof 3-20-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Appleton, Mo.

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

(b) Address 4700 Washington Blvd.

19. (a) MAR 21 1944 (b) J. F. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17
 year 1944 hour 1:05 minute P. M.
 21. I hereby certify that I attended the deceased from 3/11
 1944, to 3/17 1944
 that I last saw him alive on 3/17/44 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerotic heart disease
 Due to chronic myocarditis 2 wks.
 Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: none
 Of operations _____
 Of autopsy none

Duration
1 hr.
2 wks.
 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? _____

While at work _____ (Specify type of place)
 Means of injury _____

23. Signature [Signature] (M. D. or other) _____
 Address 3651 Knoll Dr. Date signed 3/18/44

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

2684

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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 *Albert G. Kopper*

Licensed Embalmer No. *2971*

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.