

S. No. 2
M-1/47
5-17-39

1009

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2443

National Office of Vital Statistics
FILED MAR 23 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 000

179

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

1. PLACE OF DEATH:

(a) County.....
 (b) City or town..... St. Louis, Missouri.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital - Max C. Starkloff
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 3 mos 3 days
 (Specify whether Life)

In this community.....
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo (b) County.....
 (c) City or town..... St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2019 Withnell
 (If rural, give location)
 (e) Citizen of foreign country?..... no (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME..... ROSE DICKMANN
 3. (b) If veteran, name war..... nil
 3. (c) Social Security No. nil

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... March..... day..... 9th
 year..... 1948..... hour..... 4..... minute..... 30 P. M.
 21. I hereby certify that I attended the deceased from..... 10/6/47
, 19....., to..... March 9th....., 19..... 48
 that I last saw her alive on..... March 9th....., 19..... 48
 and that death occurred on the date and hour stated above.

4. Sex..... female
 5. Color or race..... W
 6. (a) Single, widowed, married, divorced..... wid
 6. (b) Name of husband or wife..... Frank J. Dickmann Sr.
 6. (c) Age of husband or wife if alive..... 72..... years
 7. Birth date of deceased..... Sept 6 1881
 (Month) (Day) (Year)

Immediate cause of death.....
perforation of colon & diffuse peritonitis
 Due to..... Colitis - necrotizing
anal undetected
 Due to.....
 Other conditions..... Hypertensive heart disease
 (Include pregnancy within 3 months of death)
 Major findings: Poverty with cerebral
arteriosclerosis
 Of operations.....
 Of autopsy..... as above - gross
microscopic + bacteriology not yet reported

8. AGE: Years..... 66 Months..... 6 Days..... 3
 If less than one day..... hr..... min.....

9. Birthplace..... St. Louis, Mo.
 (City, town, or county) (State or foreign country)
 10. Usual occupation..... Home mfg.

11. Industry or business.....
 12. Name..... John J. Hills
 13. Birthplace..... St. Louis, Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name..... Anna Urban
 15. Birthplace..... St. Louis, Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant..... Frank J. Dickmann
 (b) Address..... 2019 Withnell
 17. (a) Burial..... burial
 (Burial, cremation, or removal) (b) Date thereof..... 3-12-48
 (Month) (Day) (Year)
 (c) Place: burial or cremation..... New St. Marys
 18. (a) Signature of funeral director..... Guy Mutter
 (b) Address..... 5041 Delshire
 19. (a) MAR 11 1948 (b) J. F. Bradach
 (Date received local registrar) (Registrar's signature)

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..... Recumbent (M.D. or other).....
1515 Lafayette Date signed..... 3/10/48
 Address.....

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. 3880

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.