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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 6 1948 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 34061
Registrar's No. 92681

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County 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:
5858 Clemmens Ave., /
(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 ood

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

(d) Street No. 5858 Clemmens Ave.,
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME JOSEPHINE DICKERMAN,

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 26
year 1948 hour 6:30 minute A. M.

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife George Dickerman,

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

7. Birth date of deceased: April 25 1861
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sunday Oct. 24, 1948, to Tuesday Oct. 26, 1948;
that I last saw her alive on Monday Oct. 25, 1948;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
87 6 1 hr. _____ min.

Immediate cause of death: Subarachnoid haemorrhage

Due to Arteriosclerotic heart disease Arteriosclerosis

Due to generalized

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

Other conditions: 9/3
(Include pregnancy within 3 months of death)

10. Usual occupation At home

11. Industry or business _____

MOTHER { 12. Name unknown Moser, Q

13. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

14. Maiden name unknown Baldrige, A

15. Birthplace unknown unknown
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. S. J. Campbell.

(b) Address 5858 Clemmens Ave.,

17. (a) Cremation (b) Date thereof 10/27/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory.

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address 7233 Delmar Blvd.,

19. (a) OCT 24 1948 (b) J. B. Foster
(Date received local burial) (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? _____

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

23. Signature John L. Kennedy (M. D. or other) MD

Address 3720 Washington Date signed 10/26/48

(Licensed Embalmer's Statement on Reverse Side)

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

0720 WASHINGTON CON.
JE 4511
8-1

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 Arnold W. Schoene
Licensed Embalmer No. 3864
P. O. Address St. Louis, Mo.

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.