No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28128

BIRTH NO. 52409-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7235

0

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ve Paul Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St Louis 2069
d. STREET ADDRESS (If rural, give location) 2526 Clara

3. NAME OF DECEASED (Type or Print) a. (First) Infant b. (Middle) ~~Premature~~ c. (Last) Dickmann

4. DATE OF DEATH (Month) (Day) (Year) Aug 23-50

5. SEX Male
6. COLOR OR RACE Wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0
8. DATE OF BIRTH Aug 23-50
9. AGE (In years last birthday) — IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours 12 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) St. Louis 0
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Joseph Dickmann
13b. MOTHER'S MAIDEN NAME Flora Samuels
14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Joseph Dickmann ADDRESS 2526 Clara

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral Pulmonary Atelectasis — INTERVAL BETWEEN ONSET AND DEATH 12 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Premature birth — 28 weeks gest.
DUE TO (c) Premature Rupture Membranes

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 7625

22. *I hereby certify that I attended the deceased from* Aug 23, 1950, *to* Aug 23, 1950, *that I last saw the deceased alive on* Aug 23, 1950, *and that death occurred at* 12 00 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE Roy V. Boedeker (Degree or title) MD
23b. ADDRESS 453 N. Taylor
23c. DATE SIGNED 8/24/50

24a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify) Burial
24b. DATE 8-25-50
24c. NAME OF CEMETERY ~~OR CREMATORY~~ Memorial Parks
24d. LOCATION (City, town, or county) (State) St Louis Mo

DATE REC'D BY LOCAL REG. AUG 25 1950
REGISTRAR'S SIGNATURE J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE Oscar Shear
ADDRESS 1225 Union

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 Not Embalmed working under my personal supervision.

Student Embalmer No.....

Signed C. Clement McNeary

Licensed Embalmer No. 3732

P. O. Address St. Louis

Signed.....
Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.