

BIRTH NO.		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>9983</u>		
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY				
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>		c. LENGTH OF STAY (in this place) township) <u>70 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		<u>2269</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospt. # 1</u>				d. STREET ADDRESS (If rural, give location) <u>1936 Palm St.</u>				
3. NAME OF DECEASED (Type or Print) HARRY			a. (First)			b. (Middle) DICKHANS		
c. (Last)			4. DATE OF DEATH November 22, 1950			5. SEX <u>male</u>		
6. COLOR OR RACE <u>white</u>			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>			8. DATE OF BIRTH <u>abt 1880</u>		
9. AGE (In years last birthday) <u>70</u>			10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>nil</u>			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>			12. CITIZEN OF WHAT COUNTRY?			13a. FATHER'S NAME <u>Herman Dickhans</u>		
13b. MOTHER'S MAIDEN NAME <u>unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Henrietta Dickhana</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		
16. SOCIAL SECURITY NO. <u>492-24-9099</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Charles Dickhana-6506 S. Knox-</u>			18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of lung sv</u>			INTERVAL BETWEEN ONSET AND DEATH			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) <u>possibly stomach</u>		
DUE TO (c)			19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			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)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21f. HOW DID INJURY OCCUR? <u>151-X</u>			22. I hereby certify that I attended the deceased from <u>11-14, 1950</u> , to <u>11-22, 1950</u> , that I last saw the deceased alive on <u>11-22, 1950</u> , and that death occurred at <u>10:55 p.m.</u> , from the causes and on the date stated above.			23a. SIGNATURE <u>E. P. Shuman M.D.</u> (Degree or title)		
23b. ADDRESS <u>1515 Lafayette Ave.</u>			23c. DATE SIGNED <u>11-23-50</u>			24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		
24b. DATE <u>11-25-50</u>			24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>NOV 2 1950</u>			REGISTRAR'S SIGNATURE <u>J. B. Soren</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Goodhart & Goodhart-2228 St. Louis</u>		
ADDRESS <u>ave</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Goodhart & Goodhart-2228 St. Louis</u>			ADDRESS <u>ave</u>		

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 Me

working under my personal supervision.

Student Embalmer No.

Signed Elton R. Remelius

Signed.....
Student Embalmer

Licensed Embalmer No. 4283

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.