

FILED NOV 24 1950

STANDARD CERTIFICATE OF DEATH

State File No. 38411  
9694

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST Louis

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4043 Penrose

3. NAME OF DECEASED  
a. (First) Henry b. (Middle) A c. (Last) Dickmann

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter

13a. FATHER'S NAME Herman Dickmann 13b. MOTHER'S MAIDEN NAME Louise Bloebaum 14. NAME OF HUSBAND OR WIFE Louise

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) \_\_\_\_\_ 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME Harry Dickmann ADDRESS 4043 Penrose

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, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral Sclerosis - Brain

ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Cerebral Sclerosis - Brain & Cerebral Haemorrhage - 1944

11. 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) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? 231X

22. I hereby certify that I attended the deceased from 1944 to 11/12, 1950, that I last saw the deceased alive on 11/4, 1950, and that death occurred at 4:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE J. P. Peeler M.D. (Degree or title) 23b. ADDRESS 2505 North Lawrence 23c. DATE SIGNED 11-13-50

24a. BURIAL, CREMATION REMOVAL (Specify) Burial 24b. DATE 11-15-50 24c. NAME OF CEMETERY OR CREMATORY Calvary 24d. LOCATION (City, town, or county) (State) St Louis 10 Mo

DATE REC'D BY LOCAL REG. Nov 15 1950 REGISTRAR'S SIGNATURE J. B. Foster 25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service Inc. ADDRESS 4101

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Howard J. Rowles*

Student Embalmer.....

Student Embalmer

Licensed Embalmer No. *4053*

P. O. Address *St Louis 10*

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

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