

FILED DEC 16 1954.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42316

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10600

| | | | | | |
|---|---|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) 45 | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | 2249 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros. Hospital | | | d. STREET ADDRESS (If rural, give location) 24 2622 Chippewa St. 0 | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) BERNARD | | b. (Middle) A. | c. (Last) DICKNEITE | | 4. DATE OF DEATH (Month) (Day) (Year) Nov. 19, 1954 |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced 3 | 8. DATE OF BIRTH July 25, 1909 | 9. AGE (In years last birthday) 45 | IF UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) cobler | 10b. KIND OF BUSINESS OR INDUSTRY shoe repair | 11. BIRTHPLACE (State or foreign country) St. Louis, Mo. 0 | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Harry Dickneite | | 13b. MOTHER'S MAIDEN NAME Corine Dobbys | | 14. NAME OF HUSBAND OR WIFE Charlotte Nick Dickneite | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no no | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Corine Kohl 3839 So. Spring Ave. | | | |
| 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) <i>Left Pneumonia - Hemiparesis</i> INTERVAL BETWEEN ONSET AND DEATH 3 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Pericarditis acute</i> | | | | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | | 20. AUTOPSY? YES <input checked="" 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) 527.2 | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from 11-16, 1954, to 11-19, 1954, that I last saw the deceased alive on 11-18, 1954, and that death occurred at 10:30 P.M., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Degree or title) <i>John J. Ambler M.D.</i> | | 23b. ADDRESS 5203 Deyoua | | 23c. DATE SIGNED 11-21-54 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) removal | 24b. DATE Nov. 23, 1954 | 24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri | | |
| DATE REC'D BY LOCAL REG. NOV 22 1954 | REGISTRAR'S SIGNATURE <i>Carl Smith M.D.</i> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F.H. Inc., 1936 St. Louis Ave. | | | |

(Licensed Embalmer's Statement on Reverse Side)

Dr. ~~Geffore~~ *Judley*

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 _____

Student Embalmer No. *None*

working under my personal supervision.

Student *None*
Student Embalmer

Signed *Delis J. Krupin*

Licensed Embalmer No. *3497*

P. O. Address *St. Louis*

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

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