

FILED OCT 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34692

State File No.

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 8933

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8933			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hosp.				e. STREET ADDRESS (If rural, give location) 24 3537 Salena St., 22410					
3. NAME OF DECEASED (Type or Print) a. (First) Betty b. (Middle) Lee c. (Last) Dicus			4. DATE OF DEATH (Month) (Day) (Year) 10 12 '55						
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 2/21/29			
9. AGE (In years last birthday) 26		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YRS. Hours _____ Mins. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assembler		10b. KIND OF BUSINESS OR INDUSTRY Welsh Carriage		11. BIRTHPLACE (City and State or Foreign Country) Piedmont Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Harvey Waller			13b. MOTHER'S MAIDEN NAME Myrtle Fakes			14. NAME OF HUSBAND OR WIFE Marvin Dicus			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Marvin Dicus-3537 Salena St.,					
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Leukemia, Lymphatic, Acute 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. PLEURAL EFFUSION, LEFT AND PHARYNGITIS ACUTE SECONDARY LEUKEMIA.				INTERVAL BETWEEN ONSET AND DEATH 6 MONTHS 2 MO.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 204.0				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min) _____		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 July 25, 1955 , to OCT 12, 1955 , that I last saw the deceased alive on OCT 12, 1955 , and that death occurred at 11A m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Herbert C. Sweet M.D.				23b. ADDRESS 508 N. GRAND		23c. DATE SIGNED 10/13/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/15/55		24c. NAME OF CEMETERY OR CREMATORY New Pickers Cem		24d. LOCATION (City, town, or county) (State) St. Louis Mo.			
DATE REC'D BY LOCAL REG. OCT 13 1955		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Moydell Funeral Home-1926 Allen Ave					

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Reinhold K. Lohmann*.....

Licensed Embalmer No. *339*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.