THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35531

FILED NOV 10 1955

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2488

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Koch, Mo.
c. LENGTH OF STAY (in this place): 4876 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Robert Koch Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: [redacted] 2219
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ] 1
e. STREET ADDRESS (If rural, give location): 3834 Delmar Blvd.

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle):
c. (Last): Dickenson

4. DATE OF DEATH (Month) (Day) (Year): 10-25-55

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: 12-10-98
9. AGE (In years last birthday): 56
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Canvassing
10b. KIND OF BUSINESS OR INDUSTRY: City directory
11. BIRTHPLACE (City and State or Foreign Country): Union, Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Charles A
13b. MOTHER'S MAIDEN NAME: Anna Schmitz
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 481-01-6665
17. INFORMANT'S SIGNATURE OR NAME: Records Koch Hospital, Koch, MO
ADDRESS:

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: ? 4-6 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic pulmon. tuberculosis — ? 30 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Generalized arteriosclerosis
Old Myocardial infarction — ? 15-20 yrs

19a. DATE OF OPERATION: 7-10-42
19b. MAJOR FINDINGS OF OPERATION: Thoracotomy left, Mixed Infection Empyema 002X
20. AUTOPSY? YES [X] 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?

22. *I hereby certify that I attended the deceased from* 6-19, 1942, *to* 10-25, 1955, *that I last saw the deceased alive on* 10-25, 1955, *and that death occurred at* 1:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: H.A. Harris (Degree or title): MD
23b. ADDRESS: Koch Hospital, Koch, Mo
23c. DATE SIGNED: 10-25-55

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 1028-1955
24c. NAME OF CEMETERY OR CREMATORY: Valhalla Crematory
24d. LOCATION (City, town, or county) (State): St. Louis County, Mo.

DATE REC'D BY LOCAL REG.: 10-28-55
REGISTRAR'S SIGNATURE: Herbert R. Dambacher
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: McLaughlin F. H., Inc. 2301 Lafayette

(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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 33

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.