

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-046223

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12328

STATE FILE NUMBER

FILED JAN 11 1962

1. PLACE OF DEATH
 a. COUNTY _____
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis
 Length of stay in 1b LIFE
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. JOHN'S HOSPITAL
 Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE MO b. COUNTY _____
 c. CITY OR TOWN St. Louis
 Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 3833 DUNNICA
 Reside on Farm Yes No

3. NAME OF DECEASED (Type or print)
 First RICHARD Middle DICKHAUS Last _____
 4. DATE OF DEATH Month 12 Day 30 Year 61
 5. SEX M 6. COLOR OR RACE W 7. Married Never Married
 Widowed Divorced
 8. DATE OF BIRTH 4/4/90 9. AGE (last birthday) 71
 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED SHOEWORKER
 10b. KIND OF BUSINESS OR INDUSTRY _____
 11. BIRTHPLACE (City and state or country) MISSOURI
 12. CITIZEN OF WHAT COUNTRY AMERICAN
 13a. FATHER'S NAME LOUIS DICKHAUS 13b. MOTHER'S MAIDEN NAME CLOTILDA DICKHAUS
 14. NAME OF HUSBAND OR WIFE MRS MILDRED DICKHAUS

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 MILDRED DICKHAUS, 3833 DUNNICA ST.
 Address _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) UREMIA - BILAT. OCCLUSION OF RENAL ART.
 DUE TO (b) COMPLETE OCCLUSION OF AORTA
 DUE TO (c) ARTERIO SCLEROSIS 4500H
 CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.
 INTERVAL BETWEEN ONSET AND DEATH 24 HR?
? OLD
? OLD

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
INOPERABLE ADENOCARCINOMA OF COLON
 PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO
 20a. ACCIDENT SUICIDE HOMICIDE
 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour _____ Month, Day, Year _____
 a.m. _____ p.m. _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____
 20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____

21. I attended the deceased from JULY 61 to 12-30-61 and last saw her/him alive on 12-30-61
 Death occurred at 9:30 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) William F. Mallette MD
 22b. ADDRESS 307 S. Euclid
 22c. DATE SIGNED 12-31-61

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
 23b. DATE JAN. 2, 1962
 23c. NAME OF CEMETERY OR CREMATORY S.S. PETER & PAUL CEM
 23d. LOCATION (City, town, or county) (State) St Louis Mo

24. FUNERAL DIRECTOR Thomas Hutter ADDRESS 2906 Gravois
 25. DATE RECD. BY LOCAL REG. JAN 2 1962
 26. REGISTRAR'S SIGNATURE Lois Smith, M.D.

PAGE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

HEM NO. SHOULD READ

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 James C. Hill

Licensed Embalmer No. 4347
P. O. Address 2906 Du

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.