MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9986 STATE FILE NUMBER 62-040146

FILED OCT 29 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b: 18 Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Luke's Hospital — Inside Limits: Yes [X] 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 [X] No [ ]
d. STREET ADDRESS (If outside, give location): 245 Union Ave — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First Rosine — Middle — Last Dickman

4. DATE OF DEATH: Month October Day 16, Year 1962

5. SEX: Female

6. COLOR OR RACE: White

7. Married [ ] Widowed [ ] Never Married [X] Divorced [ ]

8. DATE OF BIRTH: 9/8/1890

9. AGE (last birthday): 73 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: St. L. Public Schools

11. BIRTHPLACE (City and state or country): New Bremen, Ohio

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: William Diechman

13b. MOTHER'S MAIDEN NAME: Anna Margaret Schmidt

14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of servic: None

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mr Herbert Barnard — Address: 611 Olive St

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line f
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Subarachnoid Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Cerebral Artery Atherosclerosis — many years

DUE TO (c): 330 x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [X] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 a.m. p.m. Month, Day, Year

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 Aug 30, 1962, to Oct 16, 1962 and last saw her alive on 10-16-62

Death occurred at 5:45 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Kenneth C Price MD

22b. ADDRESS: 52 Maryland Plaza St. Louis 8

22c. DATE SIGNED: 10-17-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 10/20/62

23c. NAME OF CEMETERY OR CREMATORY: St. Matthews Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis, Missouri

24. FUNERAL DIRECTOR: Alexander & Sons — ADDRESS: 6175 Delmar Blvd.

25. DATE RECD. BY LOCAL REG.: OCT 18 1962

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

Dr. Kenneth Price
52 Maryland Plaza
Fo. 1 2910

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 Jos. E McCullah

Licensed Embalmer No. 24 Cw

P. O. Address 6176 Elmwood

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.