

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-045219

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 3247

<b>FILED NOV 16 1962</b>	
1. PLACE OF DEATH	
a. COUNTY <b>St. Louis</b>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kirkwood</b>	a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>
Length of stay in lb <b>1 month</b>	c. CITY OR TOWN <b>Town &amp; Country</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>11421 Manchester Rd.</b>	d. STREET ADDRESS (If outside, give location) <b>Springdale Lane</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED	
First <b>WILMINE</b>	Middle <b>DICKINSON</b>
Last <b>DICKINSON</b>	
4. DATE OF DEATH <b>November 6 1962</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/24/82</b>
9. AGE (last birthday) <b>80</b>	
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) <b>Retired</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>Housewife</b>	
11. BIRTHPLACE (City and state or country) <b>St. Louis County, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Daniel Mueller</b>	
13b. MOTHER'S MAIDEN NAME <b>Mary Joeckel</b>	
14. NAME OF HUSBAND OR WIFE <b>Arthur Dickinson</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT <b>Ida Allison, 11421 Manchester Rd., Kirkwood, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b>	INTERVAL BETWEEN ONSET AND DEATH <b>1 hr</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Disease</b>	<b>years</b>
DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Bronchopneumonia</b>	
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>
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
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION <b>Kirkwood</b> COUNTY <b>Mo.</b> STATE <b>Mo.</b>	
21. I attended the deceased from <b>August 1959</b> to <b>time of death</b> and last saw her alive on <b>30 October 62</b>	
Death occurred at <b>4:40 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <b>Frank B. Ernst MD</b>	
22b. ADDRESS <b>325 N. Kirkwood Rd</b>	
22c. DATE SIGNED <b>6 Nov 62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>11/9/62</b>
23c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Kirkwood, Mo.</b> (State)	
24. FUNERAL DIRECTOR <b>Louis H. Bopp, Inc., Kirkwood, Mo.</b> ADDRESS	
25. DATE RECD. BY LOCAL REG. <b>11-6-62</b>	
26. REGISTRAR'S SIGNATURE <b>John C. Murphy Md.</b>	

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 4003

2 4000

3 2

4 1

5 2

6

7 0

8 2

9 4200

10

11

12 90-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

ITEM 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 *Francis J. Myhr*

Licensed Embalmer No. 4512

P. O. Address Kirkwood, Mo

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.