MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space. 38339

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 10995

Township ..... Primary Registration District No. 1003 Registered No. .....

City St Louis (No. Isolation Hospital St. ..... Ward)

2. FULL NAME FRANK DICKENS JR.

(a) Residence. No. 913 Julia St., 23 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. — mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug-12-1923

7. AGE: Years 4 | Months 3 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis

PARENTS
10. NAME OF FATHER: Frank Dickens
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Margaret Seals
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo

14. INFORMANT: Frank Dickens (father)
(Address) 913 Julia

15. FILED DEC -8 1927 19.. Mark Starkoff REGISTRAR

4 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec-7 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 24, 1927 to Dec 7, 1927 that I last saw him alive on Dec 7, 1927, and that death occurred, on the date stated above, at 2:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diphtheria, Pharyngeal & Laryngeal
10
10 107A
93A (duration) 0 yrs. 0 mos. 16 ds.

CONTRIBUTORY (SECONDARY) Bronchopneumonia Secondary
Acute Myocarditis (duration) 0 yrs. 0 mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 913 Julia
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Dec-2-1927
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory
(Signed) George H. Garrison, M.D.
, 19 (Address) Isolation Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: [illegible] & Paul Cem. DATE OF BURIAL 12-10-1927

20. UNDERTAKER: Kriegshauser U. Co. ADDRESS 4104 Manchester Av.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

OK