

DEC 26 1928

351

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

Do not use this space.

36176

1. PLACE OF DEATH

County Dickinson
Township St. Louis
City St. Louis (No. Stated Hospital #2)

Registration District No. 1001

File No. _____
Registered No. 1567
St. _____ Ward _____

2. FULL NAME

(a) Residence No. Route #4 St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 7 mos. 12 ds. How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds. _____
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Eddie Dickin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 Unknown about

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Huckster
(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) Ohio

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Ohio

14. INFORMANT (Address) Records State Health #1
St. Louis, Mo.

15. FILED John J. [Signature] REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 30 19 28

17. I HEREBY CERTIFY, That I attended deceased from Nov. 18, 1928 to Nov. 30, 1928 that I last saw him alive on Nov. 29, 1928, and that death occurred, on the date stated above, at 8:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage
7401 870
(duration) yrs. _____ mos. 14 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) yrs. _____ mos. Not known ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH, _____ DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) Thos. [Signature] M. D.
Nov 30, 1928 (Address) Thalibon's St. Paul, Mo.

*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 Ashland Cemetery DATE OF BURIAL Dec 1, 1928

20. UNDERTAKER E. G. Sidenfaden ADDRESS 607 So. 10

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.

DEC 1 1928

