

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

Do not use this space.

1. PLACE OF DEATH **SEP 13 1934**

**791**

**31047**

County.....

Registration District No. **1003**

Township **St. Louis**

Primary Registration District No. **Christiana Hosp**

City **St. Louis** (No. **Christiana Hosp**)

File No. ....

Registered No. **8314**

St. .... Ward)

2. FULL NAME **MARIE WICKERSON**

(a) Residence, No. **2811 No 19 St.** St. **26** Ward. (If nonresident, give city or town and State)

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

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Russell Dickerson**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 24 1910**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<b>24</b>	<b>4</b>	<b>19</b>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .... **Housewife**

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation. ....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis**

13. NAME **Joseph Baker**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis**

15. MAIDEN NAME **Catherine Hayes**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis**

17. INFORMANT **Russell Dickerson** (ADDRESS) **2811 No 19 St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **Aug 17 34**

19. UNDERTAKER **Central Trust Co** (ADDRESS) **1841 Cass Ave**

20. FILED **SEP 15 1934** **J. P. Voredeck** Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 13 1934**

22. I HEREBY CERTIFY, That I attended deceased from **Aug 1 1934** to **Aug 13 1934**  
I last saw him alive on **Aug 13 1934** Death is said to have occurred on the date stated above, at **1:45 p.m.**

The principal cause of death and related causes of importance were as follows:

**Exophthalmic Goiter.**  
**Myxoedema -**  
**800**  
**930**  
**1060**

Date of onset **out**  
**1934**

Other contributory causes of importance: **Myocarditis Chor**

Name of operation **Thyroidectomy** Date of **8-19-34**  
What test confirmed diagnosis? **clinical** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify **Goanellius** (Signed) **Goanellius**, M. D.

(Address) **2743 7th Grand**

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.

MISSOURI STATE BOARD OF HEALTH - DEPARTMENT RECORD

de Mille

1934-8-13  
1910-3-24  
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