JAN 13 1936

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

Do not use this space.

41832

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 Registered No. 11081

City St Louis MO (No. ....., Sanitarium St. ..... Ward)

2. FULL NAME George Dedrick

(a) Residence, No. 3308 Delmar St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Maggie Spinson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 8, 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
3	57	4	15	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) about Feb 1935

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kerville Tennessee

FATHER

13. NAME George dedrick Sr.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Memphis Tennessee

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Memphis Tennessee

17. INFORMANT (ADDRESS) Herbert P Smith 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson DATE Dec 30 1935

19. UNDERTAKER (ADDRESS) Jas. H. Randle & Son 920 N. Leonard Ave.

20. FILED DEC 30 1935 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/23, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1935, to to 12/23, 1935

I last saw him alive on 12/22, 1935. Death is said to have occurred on the date stated above, at 1 49 P m.

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

	Date of onset
Cerebral Hemorrhage (apoplexy) 83	12/22/35
Other contributory causes of importance:	
Arterio Sclerosis	1935
Paresis of insane	+

Name of operation none Date of .....

What test confirmed diagnosis? autopsy Was there an autopsy? yes

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 None

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Herbert P Smith, M. D.

(Address) 5400 Arsenal St

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

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.

100M-3-28-35