

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.

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

Do not use this space.

JAN 13 1936

791

41875

1. PLACE OF DEATH

County \_\_\_\_\_ Registration District No. 1003  
Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
City St. Louis Mo. (No. City Hospital No. 2)

File No. \_\_\_\_\_  
Registered No. 11125  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 4354 - Enslight Ward. 19  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 28 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 16<sup>th</sup> 1874</u>		
7. AGE	YEARS	MONTHS
	<u>61</u>	<u>10</u>
		<u>16</u>
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Day Laborer</u>		
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC.		
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) <u>Kentucky</u>		
13. NAME <u>Louis Dickerson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>		
15. MAIDEN NAME <u>Malissa Giles</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>		
17. INFORMANT (ADDRESS) <u>Juby Perle</u> <u>2740 - 1/2 W. 11<sup>th</sup> St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington U.</u> DATE <u>12-11-35</u>		
19. UNDERTAKER (ADDRESS) <u>Walter Richter</u> <u>3500 Ridgely St.</u>		
20. FILED <u>DEC 30 1935</u> 19 <u>J. B. Bedeck</u> Registrar		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec - 2<sup>nd</sup> - 1935

22. I HEREBY CERTIFY, That I attended deceased from 12-1-35, to 12-2-35, 1935. I last saw him alive on 12-2-35. Death is said to have occurred on the date stated above, at 10:45 P.  
The principal cause of death and related causes of importance were as follows:  
Lobar Pneumonia Date of onset 12-1-35

Other contributory causes of importance:  
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Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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 \_\_\_\_\_  
(Signed) James B. Harny M. D.  
(Address) City Hospital #2

