

St Louis Maternity Hospital
 MISSOURI STATE BOARD OF HEALTH
 APR 11 1936
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

Do not use this space.

8634

1. PLACE OF DEATH

County

Registration District No. **791**

Township

Primary Registration District No. **1003**

City *St. Louis, Mo.* (No.)

File No.

Registered No. **2381**

St. Ward

2. FULL NAME *Dickerson Infant*

(a) Residence, No. *2517 Belle Glade Ave., St. 11* 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

Male

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *2-11-36 5⁴³ P.M.*

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

OCCUPATION

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.

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

11. Total time (years) spent in this occupation

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

MOTHER FATHER 13. NAME *Dickerson Charles*

14. BIRTHPLACE (CITY OR TOWN) *Faynes, Arkansas* (STATE OR COUNTRY)

15. MAIDEN NAME *Price, Mable*

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

17. INFORMANT *St. Louis Maternity Hospital* (ADDRESS) *630 S. Kingshighway*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Louis Maternity Feb 11 1936*

19. UNDERTAKER *Dept of Pathology* (ADDRESS)

20. FILED **MAR 3 1936** *JF Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 11 1936*

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at *9:00 P* m.

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

hematuria

Date of onset

154

Other contributory causes of importance:

Chronic nephritis of mother

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) *Helmer S. Waples*, M. D.

(Address) *630 S Kingshighway*

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.

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