MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 8198

Township ..... Primary Registration District No. 1003 Registered No. 1647

City St. Louis, Mo. (No. 1536 Papin Street ST MARY'S INFIRMARY St. ..... Ward)

2. FULL NAME Gwendolyn Dickerson

(a) Residence, No. 2730 Lawton 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 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: 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) January 5, 1937

7. AGE: ~~4 weeks~~ YEARS | MONTHS | DAYS 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. INFANT
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) St. LOUIS MO

FATHER

13. NAME ~~ROY JONES~~ UNK
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNK.

MOTHER

15. MAIDEN NAME EVELYN DICKERSON
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PERRYVILLE MO

17. INFORMANT (ADDRESS) EVELYN DICKERSON 2730 LAWTON AVE.

18. BURIAL, CREMATION, OR REMOVAL
PLACE E. St. Louis Ill. DATE 2/7 1936

19. UNDERTAKER (ADDRESS) R.M.C. GREEN 3517 LACLEDE AVE

20. FILED FEB 6 - 1937 19 J. Bierleck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 25, 1937, to February 4, 1937
I last saw her alive on February 4, 1937. Death is said to have occurred on the date stated above, at 3:45P m.
The principal cause of death and related causes of importance were as follows:

Congenital Lues
Prob. Hydrocephalus

Date of onset

Other contributory causes of importance: 34

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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 .....
(Signed) M. W. Foster, M. D.
(Address) St. Mary's Infirmary

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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