AUG 30 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis — Registration District No. 790 — File No. 28335

Township Clayton — Primary Registration District No. 60338 — Registered No. 227

City Clayton (No. St. Louis County Hospital St. Ward)

2. FULL NAME George Dickens

(a) Residence, No. 212 W. Argonne Dr. St., Ward. Kirkwood Mo.
(Usual place of abode) (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

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

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
About 59	?	?	

OCCUPATION

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

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) Dixon Mo.

FATHER

13. NAME Alias Dickens

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Maude Dickens 212 W Argonne Dr.

18. BURIAL, CREMATION, OR REMOVAL PLACE Pond Mo. DATE 7-5 1937

19. UNDERTAKER (ADDRESS) Kriegshauser Mortuaries 4228 So. Kingshighway

20. FILED 7/3 1937 Dr A J Liguorelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-1 1937

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 3:30 p.m.

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

	Date of onset
Auto accident Struck by auto while pedestrian on public highway.	6/30/37
Other contributory causes of importance:	
Fractured skull.	6/30/37

210 DN

Name of operation none Date of

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

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury 6/30, 1937

Where did injury occur? Kirkwood Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Struck by auto.

Nature of injury Fractured skull

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) John O Connell, M.D.

(Address) 10300 Lackland Rd.

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.