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

SEP 10 1937

29541

Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 8174

(c) City St. Louis (d) Street No. Firmin Desloge Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME WALTER S. DICKSON,

(a) Residence, No. 3169 N.orth 13th Street St. 26
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary E. Dickson (McNeill)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 16, 1896

7. AGE 80

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
40	11	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Meter Reader

9. Industry or business in which work was done, as saw mill, bank, etc. Union Electric

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

11. Total time (years) spent in this occupation 14 yrs

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

FATHER

13. NAME John Dickson

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

MOTHER

15. MAIDEN NAME Mary Schmidt

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

17. INFORMANT (ADDRESS) Lee A Dickson 4830a Kossuth Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Friedens DATE Aug. 31, 1937

19. FUNERAL DIRECTOR (ADDRESS) Math. Hermann & Son 2161 East Fair Avenue

20. FILED AUG 31 1937 J F Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1937 to Aug 28, 1937

I last saw h. 1 M alive on Aug 28, 19.... Death is said to have occurred on the date stated above, at 11:50 A. M.

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

Lung abscess right lower lobe, probably caused by Lobar pneumonia

Date of onset Jan 1936

Other contributory causes of importance:

108

Name of operation Thoracotomy Date of Aug 14 1937

What test confirmed diagnosis? ..... Was there an autopsy? ..... Wounded to chest

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? No

If so, specify .....

(Signed) James L Mudd, M. D.

(Address) 634 N Grand Blvd Missouri Pacific Bldg St Louis Mo

(Licensed Embalmer's Statement on Reverse Side)

463

SOM-7-30-37 I X12004

Mo. Theatre Bldg
Dr Mudd

STATEMENT BY LICENSED EMBALMER

I, Edwin J. Hermann, Licensed Embalmer No. 2513

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Edwin J. Hermann

Licensed Embalmer No. 2513

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)