

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

36746

State-File No.

Registration District No. **791**

Primary Registration District No.

Registrar's No. **9019**

1. PLACE OF DEATH:

(a) County.
(b) City or town. **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 Days**
(Specify whether
In this community **67 yrs.**
years, months or days)

3. (a) PRINT FULL NAME **Harry Dickenson**

3. (b) If veteran, name war **Nil.**

3. (c) Social Security No. **499-01-2244**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Anna Dickenson** 6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **Sept. 12, 1873**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 **1** **19** hr. min.

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Stove Molder**

11. Industry or business **Stove Foundry**

12. Name **Lilburn Dickenson**

13. Birthplace **Unk. Virginia**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Buckman**

15. Birthplace **Philadelphia Penn.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Anna Dickenson**

(b) Address **3914 Rear N. 9th. St.**

17. (a) **Burial** (b) Date thereof **Nov. 2, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Friedens Cem.**

18. (a) Signature of funeral director **Shudmeyer & Sons**

(b) Address **3934 N. 20th. St.**

19. (a) **NOV 1 1940** (b) **J. J. Buckman**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3914 Rear N. 9th. St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **October** day **31**,
year **1940** hour **3:00** minute **P.** M.

21. I hereby certify that I attended the deceased from **October 28**, 19**40**, to **October 31**, 19**40**.
that I last saw him **1 PM** alive on **October 31**, 19**40**.
and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia**
Duration

Due to.

Due to.

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(City or town) (County) (State)

(Specify type of place)

(e) Means of injury

23. Signature **J. J. Buckman** (M. D. or other)

Address **1515 Lafayette Ave.** Date signed **11/1/40**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.