No. 2
1-13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40412

FILED JAN 15 1941

Registration District No. 7911

Primary Registration District No. 1003

Registrar's No. 10183

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo 3 das (Specify whether
In this community 55 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St Louis 21
(If outside city or town limits, write "RURAL")

(d) Street No. 2631a Franklin
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Frank Dickson

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex male

5. Color or race Col

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Pearl

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased 11 (Month) 25 (Day) 1876 (Year)

8. AGE: Years 64 Months 6 Days 15 If less than one day hr. min.

9. Birthplace Washington D C 1
(City, town, or county) (State or foreign country)

10. Usual occupation Labor 7

11. Industry or business —

FATHER
12. Name —
13. Birthplace —
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name —
15. Birthplace —
(City, town, or county) (State or foreign country)

16. (a) Informant Pearl Dickson
(b) Address 2631 Franklin

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-12-40 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Metropolitan
(b) Address 3028 Vickroy

19. (a) DEC 11 1940 (Date received local registrar) (b) J. N. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9
year 1940 hour 8:15 minute A.M.

21. I hereby certify that I attended the deceased from November 6, 1940 to December 9, 1940
that I last saw him alive on December 9, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerotic Heart Disease	Unk
Broncho Pneumonia	8 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	8 hrs

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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury 1

23. Signature J. W. Johnson (M. D. or other)
Address 2601 N Whittier Date signed 12-9-40

(Licensed Embalmer's Statement on Reverse Side)

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 [illegible]

Licensed Embalmer No. 245 2

P. O. Address 2820 [illegible]

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.)

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