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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

8614
State File No. 2024
Registrar's No.

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town. St. Louis
(c) Name of hospital or institution. Jewish Hospital
(d) Length of stay: In hospital or institution _____
In this community _____

3. (a) PRINT FULL NAME. CHARLES J. DICKEY
3. (b) If veteran, name war World War
3. (c) Social Security No. 493-05-8306

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Portia Hill Dickey
6. (c) Age of husband or wife if alive 37
7. Birth date of deceased January 22 1896

8. AGE: Years 44 Months 1 Days 8
If less than one day hr. _____ min. _____

9. Birthplace Webster Groves Missouri

10. Usual occupation Secretary

11. Industry or business Herman Body Company, Sec't.

MOTHER FATHER
12. Name Charles Dickey
13. Birthplace Webster Groves Missouri
14. Maiden name Laura Everett
15. Birthplace Jefferson Co. Missouri

16. (a) Informant Portia Hill Dickey
(b) Address University City, Missouri.

17. (a) BURIAL (b) Date thereof 3-5-1941
(c) Place: burial or cremation NAT'L CEM: JEFFERSON BARRACKS

18. (a) Signature of funeral director C.R. Lupton & Sons
(b) Address St. Louis, Missouri.

19. (a) J. T. Bredbeck (b) J. T. Bredbeck
(c) APR 2 1941 (d) APR 2 1941

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town University City
(d) Street No. 7343 Dartmouth Ave.
(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2nd
year 1941 hour 1:30 minute _____ M.

21. I hereby certify that I attended the deceased from Feb. 26
1941 to March 2 1941;
that I last saw him alive on March 2 1941;
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 Lobar Pneumonia
Chr. pericarditis

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? _____

While at work? _____ (Specify type of place)
(b) Means of injury _____
23. Signature Julius Elson (M. D. or other) _____
Address 4500 Olive Date signed 3/3/41

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

762 W. 18th St.
FR - 4131
Dr. Julius F. Olson
4500 Taylor
FD - 2757
2 P.M.

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 Clarence A. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo.

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.