

13-40
17-39
X23159

Registration District No. 791 Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution city hosp # 1
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles Dickson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race W. 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 9/19/1909
(Month) (Day) (Year)

8. AGE: Years 63 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace _____ (City, town, or county) (State or foreign country) 0 mo.

10. Usual occupation laborer

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country) 7

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country) 9

16. (a) Informant Coverly office

(b) Address St Louis, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-25-41
(Month) (Day) (Year)

(c) Place: burial or cremation St Matthews Cem

18. (a) Signature of funeral director Payson Wood Co.

(b) Address 3710 N Grand Bl

19. (a) JUN 24 1941 (b) J. H. Zedek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St Louis 123
(If outside city or town limits, write "RURAL")
(d) Street No. 2336 Whittermore Pl 9
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10th
year 1941 hour 9:30 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of Skull Duration _____
Subdural Hemorrhage of the Brain; when
he was struck by an automobile driven
by one Thomas M. Kren, in front
of about 1621 S. Jefferson Ave., about
Due to 9:30 o'clock P.M., June 7, 1941

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

Major findings: _____
Of operations _____

Of autopsy 210

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

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

(b) Date of occurrence June 7, 1941 (00)

(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23 In Public Place
(Specify type of place)

(e) Means of injury 3

23. Signature James J. ... (M. D. or other) _____
Address _____ Date signed _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *Don F. Murchany*.....

Licensed Embalmer No. *41867*.....

P. O. Address *4737 Front Blvd
St. Louis, Mo*.....

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.