

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

FILED FEB 16 1942

3495

State File No. _____

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 272

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town NEAR Gumbo, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: D.O.A. AT St. Louis Co. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 4 mos. years, months or days

3. (a) PRINT FULL NAME Lowell (Lorced) Dickerson
3. (b) If veteran, name war _____ 3. (c) Social Security No. 419-01-0052

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lucinda 6. (c) Age of husband or wife if alive 22 years
7. Birth date of deceased 11 (Month) 3 (Day) 1917 (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>24</u>	<u>2</u>	<u>27</u>	hr. _____ min. _____

9. Birthplace Marion Ala. (City, town, or county) (State or foreign country) 1

10. Usual occupation Laborer

11. Industry or business T.N.T.

MOTHER FATHER
12. Name Albert Dickerson
13. Birthplace Marion, Ala. (City, town, or county) (State or foreign country) 1
14. Maiden name Maggie Washburn
15. Birthplace Ala. (City, town, or county) (State or foreign country) 1

16. (a) Informant's own signature Lucinda Dickerson
(b) Address 8743 Evans Ave.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 7-5-42 (Month) (Day) (Year)
(c) Place: burial or cremation Marion, Ala.

18. (a) Signature of funeral director Staten & Sons
(b) Address Kirkwood, Mo.

19. (a) FEB 5 1942 (Date received local Registrar) (b) L. H. Mc (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Brentwood (If outside city or town limits, write "RURAL")
(d) Street No. 8743 Evans (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 2 year 1942 hour 12 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 Struck by an automobile on a Public highway. Duration _____

Due to Multiple fractures of both legs, pubic bones and skull;
Due to Retroperitoneal hemorrhage.

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

Major findings: Of operations _____
Of autopsy Yes. 17 Dec 48
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) Accident
(b) Date of occurrence Feb. 2, 1942
(c) Where did injury occur? Near Gumbo, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place) (e) Means of injury 3
While at work? _____
23. Signature Louis H. Boy (M.D. or other) Address Kirkwood, Mo. Date signed 2/3/42

STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
MEMPHIS, TENNESSEE

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 Louis V. Atkins
Licensed Embalmer No. 2842
P. O. Address 3644 Finney

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, above space should be left blank.

SAPR 8 1957