

No. 2  
1-14-41  
5-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **8468**  
Registrar's No. **2867**

FILED APR 13 1942  
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 St. Louis, Missouri  
(b) City or town St. Louis, Missouri  
(c) Name of hospital or institution: Homer Phillips Hospital  
(d) Length of stay: In hospital or institution 4 mos. 12 days  
In this community 16 years

3. (a) PRINT FULL NAME Edward Dickerson  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Sep.  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased October 23, 1889

8. AGE: Years 52 Months 4 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Ark.

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Isaac Dickerson  
13. Birthplace Tenn.  
14. Maiden name Caroline Graham  
15. Birthplace Ark.

16. (a) Informant Shirley Smith  
(b) Address 2601 N. Whittier

17. (a) Autopsy (b) Date thereof 3-10-42  
(c) Place: burial or cremation Washington

18. (a) Signature of funeral director W. R. ...  
(b) Address 3200 ...

19. (a) MAR 31 1942 (b) J. F. ...  
(Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 21 ...  
(c) City or town St. Louis  
(d) Street No. 3040 Franklin  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5, year 1942 hour 7 minute 50 P. M.

21. I hereby certify that I attended the deceased from October 21, 1942 to March 5, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease with Decompensation  
Duration Unknown

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? \_\_\_\_\_ (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 \_\_\_\_\_

23. Signature J. W. Johnson (M. D. or other) \_\_\_\_\_  
Address 2601 N. Whittier Date signed 3/14/42

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**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 with the above constitutes grounds for revocation of license.)**

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