H3984
V. S. No. 2
OM—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19502

FILED JUL 20 1942 791

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 5869

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

1. PLACE OF DEATH:
(a) County .....
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17hrs. 35mins. (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 2 B7
(d) Street No. 2323 Geyer Ave. (If rural, give location) 9
(e) Citizen of foreign country? O (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Russell Lee Dickey

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife .....

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

7. Birth date of deceased February 14, 1940 (Month) (Day) (Year)

8. AGE: Years 2 Months 4 Days 24 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) O Missouri (State or foreign country)

10. Usual occupation nil

11. Industry or business .....

FATHER
12. Name Clyde Dickey
13. Birthplace Farmington (City, town, or county) O Missouri (State or foreign country)

MOTHER
14. Maiden name Betty Kempen
15. Birthplace St. Louis (City, town, or county) O Missouri (State or foreign country)

16. (a) Informant Mr. Clyde Dickey
(b) Address 2323 Geyer Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 11/42 (Month) (Day) (Year)
(c) Place: burial or cremation Farmington, Mo.

18. (a) Signature of funeral director Weick Bros. Und. Co.
(b) Address 2201 S. Grand Bl.

19. (a) JUL 10 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9. year 1942 hour 9:45 minute A. M.

21. I hereby certify that I attended the deceased from July 8, 1942 to July 9, 1942 that I last saw him alive on July 9, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Meningitis Simple
Due to Bronchopneumonia
Due to multiple congenital defects
Due to .....

Other conditions (Include pregnancy within 3 months of death) No

Major findings:
Of operations .....
Of autopsy See above

Duration

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 C. S. Meeker (M. D. or other)
Address 1515 Lafayette Ave. Date signed 7/10/42

(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.....

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.