V. S. No. 2
M—11-10-39
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. 190

Registration District No. FILED FEB 9 1943 18

Primary Registration District No. 1003

Registrar's No. 995

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: 5948 Horton Place
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000 12 F5

(a) State Mo. (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5948 Horton Place
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Charles Robert Dickirson

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Jan. 14, 1881.
(Month) (Day) (Year)

8. AGE: Years 62 Months 0 Days ~~26~~ 16 If less than one day hr. min.

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

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name Geo. W. Dickirson
13. Birthplace Don't Know
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ? Greenlee
15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant Chester Dickirson
(b) Address 1147 Hodiamont Ave.,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 1/43.
(Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.,

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.,

19. (a) JAN 31 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 30
year 1943 hour 8.00 minute A.M. M.

21. I hereby certify that I attended the deceased from Dec. 6, 1942, 19 to Dec 6, 1942;
that I last saw him alive on Dec 6, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death carcinoma [illegible]

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 Orville O (M. D. or other) M.D.
Address 1194 Hodiamont Ave Date signed 6-30-43

(Licensed Embalmer's Statement on Reverse Side) Orville O White

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Dr. O.O. White
1194 Hodiamont Ave.,
CA. 8755.

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. 3225

P. O. Address 1125 Hodiamont Ave.,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.