

S. No. 2
OM-2-4
5-17-3
I X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **5077**

FILED JUN 9 1943

Registration District No. _____ Primary Registration District No. **1003**

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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Mo. 2 days
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Day 12

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

(d) Street No. 5420 Robins Street.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Wm. Austin Dickens

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lillie Beamon Dickens

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

7. Birth date of deceased July 21, 1861
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>10</u>	<u>7</u>	hr. _____ min. _____

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

10. Usual occupation Factory Foreman

11. Industry or business Burkart Mfg Co

12. Name James Dickens

13. Birthplace Allenton Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Barbara Steele

15. Birthplace Allenton Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Lillian Krause

(b) Address 5420 Robins Street.

17. (a) Burial (b) Date thereof 6/1/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gray Summitt Missouri

18. (a) Signature of funeral director Albert H. Hoppe, Inc

(b) Address 4700 Washington Blvd.

19. (a) JUN 2 1943 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28, year 1943 hour 7:00 minute P. M.

21. I hereby certify that I attended the deceased from April 26, 1943 to May 28, 1943

that I last saw him alive on May 28, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion Duration _____

Due to arteriosclerosis of coronaries

Due to MI

Other conditions Prostatic cancer
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Coronary arteriosclerosis, Prostatic cancer, suppurative nephritis

PHYSICIAN _____

Underline the cause to which death should be charged statutorily.

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Forest Lawrence (M. D. or other) _____
Address 1515 Lafayette Avenue Date signed 4/29/43

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

MOTHER FATHER

5071205

5071205

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 Henry B. Brammer

Licensed Embalmer No. 4200

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.