

FILED JUN 4 1943

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer G. Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11 Hrs. 26 Min.  
(Specify whether  
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2103 1/2 a Walnut Street  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Richard Lee 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

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

7. Birth date of deceased 4 29 43  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
NB 11 hr. 26 min.

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

10. Usual occupation

11. Industry or business

12. Name J. C. Dickerson

13. Birthplace Bastrop Louisiana  
(City, town, or county) (State or foreign country)

14. Maiden name Lula Mae Murphy

15. Birthplace Bastrop Louisiana  
(City, town, or county) (State or foreign country)

16. (a) Informant Walter M. Shepard R.R.

(b) Address 2601 N. Whittier Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof MAY 27 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director H. Werschman

(b) Address City Health Dept

19. (a) MAY 23 1943 (b) J. F. P. (Registrar's signature)  
(Date received final statement)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 30  
year 43 hour 4 minute 35 a.M.

21. I hereby certify that I attended the deceased from 4 - 29, 19 43 to 4 - 30, 19 43

that I last saw him alive on 4 - 30, 19 43 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity Duration

Due to Unknown

Due to Unknown

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy As Above

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?

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

23. Signature E. Dickerson M.D. (M. D. or other)

Address 2601 N. Whittier St Date signed 3-28-43

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

MOTHER FATHER

---

---

**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.**