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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

ED JUN 30 1943 318

1003

Registrar's No. 5645

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

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:  
City Hospital #1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 Hours  
(Specify whether years, months or days)

In this community 10 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
17

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
920

(d) Street No. 2409 Elliott Ave.  
(If rural, give location)

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

3. (a) PRINT FULL NAME Fred Dickerson

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, Married

6. (b) Name of husband or wife Grace 6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased December 18, 1914  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>28</u>	<u>6</u>	<u>0</u>	_____ hr. _____ min.

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

10. Usual occupation Operator

11. Industry or business Shoe Factory

12. Name Andrew Dickerson

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

14. Maiden name Margaret Bradshaw

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

16. (a) Informant Golds Dickerson

(b) Address 2409 Elliott Ave

17. (a) Burial (b) Date thereof June 22, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette Ave.

19. (a) JUN 21 1943 (b) J. F. Brudick  
(Date received local death certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18  
year 1943 hour 9 minute 30 PM M.

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

Immediate cause of death \_\_\_\_\_  
Pulmonary Tuberculosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

23. Signature Thomas F. Callahan M. D. or other \_\_\_\_\_  
Address Deputy Coroner Date signed 6-21-43

848 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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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 Paul A. Keeth

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

**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.**