No. 2
1—2-43
5-17-39
X35897
152

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 26576

ED SEP 3 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7573

**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:
St. John's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 28 Hours (Specify whether
In this community 26 Years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 000

(a) State Missouri (b) County 17 22

(c) City or town St. Louis, 9
(If outside city or town limits, write "RURAL")

(d) Street No. 2835 Park Ave.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME FRANK HENRY DICKENS

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex M

5. Color or race W 0

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife Rosa

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Sept. 27 1866
(Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days ~~23~~ 24 If less than one day hr. min.

9. Birthplace Duquoin, Ills 1
(City, town, or county) (State or foreign country)

10. Usual occupation Freight Checker

11. Industry or business Wabash R. R.

FATHER
12. Name William F. Dickens
13. Birthplace Illinois 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Susan Christy
15. Birthplace Illinois 1
(City, town, or county) (State or foreign country)

16. (a) Informant Rosa Dickens
(b) Address 2835 Park Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/22/43 (Month) (Day) (Year)
(c) Place: burial or cremation Motor Duquoin, Ills

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Ave.

19. (a) AUG 24 1943 J. F. Bredeck
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August day 21st
year 1943 hour 10 minute 0 M.

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

Immediate cause of death Fracture of Skull Subdural Hemorrhage of Brain when the Freight Shifted in a Box Car which he was loading knocking him out the door to the Granite paved alley about 4 30 Pm aug 20 - 1943

Due to

Due to

Other conditions at 3rd and Franklin ave
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations 195

Of autopsy 140

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) Accident 000

(b) Date of occurrence 8-20-43

(c) Where did injury occur? St Louis Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industrial
(Specify type of place)

While at work? yes (e) Means of injury Fall

23. Signature Thomas F Callanan (M. D. or other)

Address Deputy Coroner Date signed 8-22-43

(Licensed Embalmer's Statement on Reverse Side)

7578

7578

## 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 L. R. Cooper

Licensed Embalmer No. 3633

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.**