

No. 2  
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5-17-68  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26577

State File No.

7422

FILED AUG 23 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(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: BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Texas (b) County Travis  
(c) City or town Austin  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2510 Canterbury Street.,  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Oscar 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 Unavailable  
6. (c) Age of husband or wife if alive. years

7. Birth date of deceased About 1862?  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81? ? ? hr. min.

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

10. Usual occupation Retired Attorney

11. Industry or business Law

12. Name Unavailable Dickens

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

14. Maiden name Unavailable

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

16. (a) Informant Sam Dickens

(b) Address Austin, Texas

17. (a) Removal (b) Date thereof 8/17/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Austin Texas

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

(b) Address 4700 Washington Blvd.

19. (a) AUG 17 1943 (b) J. F. Briedeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16  
year 1943 hour 12 minute 05 P.M.

21. I hereby certify that I attended the deceased from August 11, 1943, to August 16, 1943  
that I last saw him alive on August 16, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death.  
? Pneumonia, bronchial  
Duration 2 days

Due to Senility  
Diabetes mellitus

Due to Advanced arteriosclerosis & gangrene left foot

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy  
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 M. C. Abney (M. D. or other)

Address BARNES HOSPITAL Date signed 8/17/43

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 Albert W. Kayne

Licensed Embalmer No. 1861

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.**