S. No. 2
0M—5-42

FILED AUG 18 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26578

Registration District No. 1818 Primary Registration District No. 1003 Registrar's No. 7277

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

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: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. 22 days (Specify whether years, months or days)
In this community 1 year.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis, 119
(If outside city or town limits, write "RURAL")

(d) Street No. 3219a Cass
(If rural, give location)

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

3. (a) PRINT FULL NAME Mae Dickinson

3. (b) If veteran, name war ---

3. (c) Social Security No. None

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife John Dickinson

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

7. Birth date of deceased about 1889 (Month) (Day) (Year)

8. AGE: Years about 54 Months Days If less than one day hr. min.

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

10. Usual occupation Seamstress

11. Industry or business ---

MOTHER FATHER

12. Name Nick Meabane

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

14. Maiden name Elizabeth Williams

15. Birthplace Lafayette County Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant Jessie Cariness

(b) Address 4223 W. North Market Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 14, 43 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Charles J. Gates

(b) Address 4107 Finney Avenue

19. (a) AUG 12 1943 (Date received local registrar) (b) J. F. Bredech (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10, year 1943 hour 6 minute 55 P. M.

21. I hereby certify that I attended the deceased from June 19, 1943 to August 10, 1943 that I last saw her alive on August 10, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Generalized Carcinomatosis of Abdomen	Undet.
Due to	
Due to	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature A. M. Jackson (M. D. or other)

Address 2601 N. Walbridge Date signed 8/12/43

(Licensed Embalmer's Statement on Reverse Side)

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

Thomas J. Gates, Registered Apprentice No.

working under my personal supervision.

Signed Thomas J. Gates

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.