

S. No. 2
M-5-43
5-17-39
P I X3667

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4142**
Registrar's No. **1162**

FILED FEB 16 1945
Registration District No. **318**

Primary Registration District No. **1003**

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

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:
2710 N. 19th St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... (Specify whether
 In this community..... **Life**
 years, months or days)

3. (a) PRINT FULL NAME..... **Amelia Dickson**

3. (b) If veteran, name war..... **No**

3. (c) Social Security No..... **None**

4. Sex..... **Female** **5. Color or** race..... **White**

6. (a) Single, widowed, married, divorced..... **Widowed**

6. (b) Name of husband or wife..... **Samuel Dickson**
 alive..... years

7. Birth date of deceased..... **April 14, 1859**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
85	9	19	hr. min.

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

10. Usual occupation..... **Housework**

11. Industry or business.....

MOTHER FATHER

12. Name..... **Mr. DeBeaver**

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

14. Maiden name..... **Unknown**

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

16. (a) Informant..... **Robert S. Dickson**
 (b) Address..... **2710 N. 19th St.**

17. (a) Burial..... **Friedens Cemetery**
(Burial, cremation, or removal) (b) Date thereof..... **Feb. 7, 1945**
(Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director..... **Calvin F. Feutz**
 (b) Address..... **4828 Natural Bridge Blvd.**
FEB 8 1945

19. (a)..... **J. J. Medeck**
(Date received local registrar) (Registrar's signature)

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") **926**

(d) Street No..... **2710 N. 19th St.**
(If rural, give location)

(e) Citizen of foreign country?..... **No** (Yes or No)
 If yes, name country..... **D**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **3rd**
 year..... **1945** hour..... **5:45** minute..... **P.** M.

21. I hereby certify that I attended the deceased from..... **1-1-45**
, 19....., to..... **2-3-45** 19.....;
 that I last saw h..... alive on..... **2-3-45** 19.....;
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Coronary thrombosis

Due to.....

Due to.....

Other conditions..... **Apoplexy**
(Include pregnancy within 3 months of death)

Major findings:
 Of operations..... **Smility**

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..... **J. J. Medeck** (M. D. or other)
 Address..... **1901 Madison** Date signed..... **2-5-45**

Ugair Matheson Sr. 22/16/64 1

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.

Alvord W. Keefe
2927
St. Louis Mo