

FILED APR 13 1945

STANDARD CERTIFICATE OF DEATH

State File No. 7825
Registrar's No. 2979

Registration District No. 818 Primary Registration District No. 1003

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: 13 days
(Specify whether years, months or days)

In this community 27 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME: Indiana Dickson

3. (b) If veteran, name war: _____ 3. (c) Social Security No. _____

4. Sex: Female 5. Color or race: Col. 6. (a) Single, widowed, married, divorced: Widow

6. (b) Name of husband or wife: _____ 6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: _____ (Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 1 If less than one day: _____ hr. _____ min.

9. Birthplace: _____ (City, town, or county) Tenn. (State or foreign country)

10. Usual occupation: Retired

11. Industry or business: _____

12. Name: James Riley

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

14. Maiden name: Alice Feltz

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

16. (a) Informant: Joseph E. Emory
(b) Address: 1348 N. Mansuet

17. (a) Burial (b) Date thereof: 3-31-45
(Burial, cremation, or reburial) (Month) (Day) (Year)

(c) Place: burial or cremation: Sumner

18. (a) Signature of funeral director: E. Clark Young
(b) Address: 2639 Taylor

19. (a) MAR 31 1945 (Date received local registrar)
J. F. Medsker (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State: Missouri (b) County: 15 11

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

(d) Street No.: 4458 R. Easton
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27, year 1945 hour 1 minute 10 A.M.

21. I hereby certify that I attended the deceased from March 14, 1945 to March 27, 1945
that I last saw him or alive on March 27, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia Terminal

Due to: Cerebral Hemorrhage Unk.

Due to: _____

Other conditions: _____ (Includes 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: _____

3. Signature: B. J. Murphy M. D. _____
Address: 5601 N. Whittier Date signed: 3/29/45

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 Clark Young Jr
Licensed Embalmer No. 3371
P. O. Address St Louis

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.