

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28973**
Registrar's No. **7535**

FILED AUG 21 1947
318

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..... **Saint Louis**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Announced dead at Home Phillips
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... **3** (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County..... **St. L.**
 (c) City or town..... **Saint Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **4220a W. Evans Avenue**
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME..... **DELL DICKERSON**
 3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Male** 2. Color or race **Col.** 5. Color or race.....
 6. (a) Single, widowed, married, divorced..... **Wid** 2
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if
 alive..... years
 7. Birth date of deceased..... **August 20, 1863**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 0 **17** hr. min.

9. Birthplace..... **Arkansa s**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **None**

11. Industry or business.....

12. Name..... **unknown** 9

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

14. Maiden name..... **Pinkie Newborn**

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

16. (a) Informant..... **James Dickerson**

(b) Address..... **4220a W. Evans Avenue**

17. (a) **Burial** (b) Date thereof..... **August 8, 47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Washington Park Cemetery**

18. (a) Signature of funeral director..... **E. B. Koonce**

(b) Address..... **1221 N. Grand Boulevard**

19. (a) **AUG 9 1947** (b) **J. F. Bredeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Aug** day..... **7**
 year..... **1947** hour..... **10** minute..... **00** A.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..... **Heart & Lungs** *Duration*

Due to..... **191**

Due to.....

Other conditions..... **10**
(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)..... **001**

(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..... (Specify type of place) Means of injury..... **g**

23. Signature..... **John Henry** (M. D. or other).....

Address..... **St. Louis, Mo.** Date signed..... **8/9/47**

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.....

Eugene Miles

Licensed Embalmer No. *3623*

P. O. Address *1221-N. Grand*

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.