S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39582

FILED DEC 6 1947

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 10817

WRITE PLAINLY—USING 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: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 800 17
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 3120 Caroline
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 18
If yes, name country

3. (a) PRINT FULL NAME Irene Dickerson
3. (b) If veteran, name war ----
3. (c) Social Security No. None
4. Sex Female 3
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George Dickerson
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased May (Month) 27 (Day) 1891 (Year)

8. AGE: Years	Months	Days	If less than one day
56	5	26	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business ----
FATHER
12. Name Moton Vaughn
13. Birthplace Unavailable (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Tillie Page
15. Birthplace Unavailable, Mississippi (City, town, or county) (State or foreign country)
16. (a) Informant Geroge Dickerson
(b) Address 3120a Caroline
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-29-47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Ave.
19. (a) NOV 25 1947 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23 year 1947 hour 12 minute 15 P M.

21. I hereby certify that I attended the deceased from Nov. 20, 1947, to Nov. 23, 1947; that I last saw her alive on Nov. 23, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CEREBRAL HENORRHAGE	Undet.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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 Oscar L. Daniels (M. D. or other)
Address 2604 N Whittier Date signed 11/24

Jefferson City Printing Co. (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 John K. Cunningham, Registered Apprentice No. 452, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 1825

P. O. Address 4107 Finney Ave.

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.