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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 2 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 38034

Registrar's No. 10044

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: Barnes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000 17

(c) City or town St. Louis 7
(If outside city or town limits, write "RURAL")

(d) Street No. 5004 Murdoch Ave. 7
(If rural, give location)

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(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME FRED B. DICKSON

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Lucille

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Dec. (Month) 24 (Day) 1901 (Year)

8. AGE: Years 46 Months 10 Days 24 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation

11. Industry or business Dickson Bros. Produce Co.

FATHER
12. Name Robert Dickson
13. Birthplace Unknown (City, town, or county) (State or foreign country) 7

MOTHER
14. Maiden name Mary Wynkoop
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Lucille Dickson
(b) Address 5004 Murdoch Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) NOV 19 1948 (Date received local registrar) (b) J B Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18
year 1948 hour 2:00 minute A. M.

21. I hereby certify that I attended the deceased from 10/10/, 1948 to 11/18, 1948
that I last saw him alive on 11/15/, 1948.
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart Failure	6 weeks
Due to Chronic Myocarditis	
Due to [illegible]	4 years
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
Of autopsy None

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 [illegible] (M. D. or other)
Address 3958 S. Grand Bl. Date signed 4/19/48

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Richard W. Stovesand

Licensed Embalmer No. 4007

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.