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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 2 1948
318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 38033
Registrar's No. 10177

Registration District No. 318 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 _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME Richard Dickson
3. (b) If veteran, name war None
3. (c) Social Security No. 494-09-2667

4. Sex Male 5. Color or race Negro
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Dead
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 15, 1874
(Month) (Day) (Year)

8. AGE: Years 74 Months 6 Days 5 hr. _____ min.

9. Birthplace Vicksburg, Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Porter

11. Industry or business City Hall.

12. Name Richard Dickson

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

14. Maiden name Sarah Goines

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

16. (a) Informant Albert Dickson

(b) Address 3126 a. Evans Ave.

17. (a) Burial (b) Date thereof 11/24/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director C.W. Roberts

(b) Address 1416 N. Taylor Ave.

19. (a) NOV 23 1948 (b) J.B. Sooter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County own
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 3126 Evans Ave.
21 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20
year 1948 hour 9 minute 45 P.M.
21. I hereby certify that I attended the deceased from June
1947 to Nov. 20, 1948
that I last saw him alive on Nov. 20, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiovascular Disease
Duration _____

Due to _____

Due to Senility

Other conditions _____
(Include pregnancy within 5 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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature J.B. Sooter (M. D. or other) _____

Address 2902 Pacific St. Date signed 11-22-48

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

MOTHER FATHER

Nil

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.....

James A. Carter....., Registered Apprentice No. *290*

working under my personal supervision.

Signed: *Fulton E. Culkin*

Licensed Embalmer No. *4198*

P. O. Address *St Louis 13. Mo*

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.