

FILED APR 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9956

State File No. _____
Registrar's No. **3190**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. _____		Registrar's No. 3190			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis, Mo		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		17					
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital				d. STREET ADDRESS (If rural, give location) 1538a N. 17th St.							
3. NAME OF DECEASED (Type or Print) a. (First) THOMAS			b. (Middle) M.			c. (Last) DICKSON			4. DATE OF DEATH (Month) (Day) (Year) 4-8-1949		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH July 19, 1897		9. AGE (in years last birthday) 51	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) chauffeur			10b. KIND OF BUSINESS OR INDUSTRY building trade		11. BIRTHPLACE (State or foreign country) St. Louis, Mo			12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME George Dickson			13b. MOTHER'S MAIDEN NAME Alvenia Robe			14. NAME OF HUSBAND OR WIFE _____					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 497-05-5344		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ella Dickson, 1538a N. 17th St.							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Emphysema of Lungs DUE TO (c) Cardiac Hypertrophy II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 95						INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 4243						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) _____							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____							
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 250A m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) Frank E Taylor				23b. ADDRESS Coroner			23c. DATE SIGNED 4-9-49				
24a. BURIAL, CREMATION, REMOVAL (Specify) buried		24b. DATE 4-9-49		24c. NAME OF CEMETERY OR CREMATORY Int. Calvary Cem.		24d. LOCATION (City, town, or county) (State) St. Louis, Mo					
DATE REC'D BY LOCAL OFFICE APR 8 1949		REGISTRAR'S SIGNATURE H. B. Parates			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sullivan Fun. Dir. 2849N. Euclid,						

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

2011

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Robert L. Brinkman

Signed _____
Student Embalmer

Licensed Embalmer No. 3553

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.