

FILED MAY 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17200
3974

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1000 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (When deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> c. LENGTH OF STAY (in this place) <u>3</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Monroe Medical Center at</u>		d. STREET ADDRESS (If rural, give location) <u>4267 Delmar Blvd</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frank</u> b. (Last) <u>Dickerson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 26 49</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Aug 23, 1912</u>
9. AGE (In years last birthday) <u>36</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>porter</u>	11. BIRTHPLACE (State or foreign country) <u>East St. Louis, Ill.</u>	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>Will Dickerson</u>		13b. MOTHER'S MAIDEN NAME <u>Susie Hicks</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-12-2812</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Nancy Dickerson</u>		ADDRESS <u>2842a Stoddard</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Gunshot wound of skull and brain, self inflicted in his room # 515 at the Atlas Hotel 4267 Delmar Blvd.</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>			
DUE TO (c) <u>Hotel 4267 Delmar Blvd.</u>			
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) <u>an April 26 1949. at about 4:50 pm</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Suicide</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hotel</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo 110</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Apr 26 49 4:50 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>6 07 64</u>			
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 <u>4:50 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Joyce W. Quinn Deputy Coroner 3</u>		23b. ADDRESS <u>1300 Clark</u>	
23c. DATE SIGNED <u>5/3/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 4, 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Co Mo</u>	
DATE REC'D BY LOCAL REG. <u>MAY 3 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Sasater</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>J.H. Randle & Son</u>		ADDRESS <u>3133 Bell Ave</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

[NOV 12 1958]

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 _____

J. J. Watson

Signed _____

Student Embalmer

Licensed Embalmer No. _____

2698

P. O. Address _____

2769 Chouteau

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.