

FILED JUL 31 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26275

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6308

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 township) OR TOWN St. Louis c. LENGTH OF STAY (in this place) _____
c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital
e. STREET ADDRESS (If rural, give location) 4211 Papin 21370

3. NAME OF DECEASED a. (First) Gertrude b. (Middle) Goodin c. (Last) Dickerson 18
4. DATE OF DEATH (Month) (Day) (Year) June 22 1953

5. SEX Female 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Jan. 4/84 9. AGE (In years last birthday) 69 IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) Bonfield Mo. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Costley Black 13b. MOTHER'S MAIDEN NAME Mary Tucker 14. NAME OF HUSBAND OR WIFE Granville Dickerson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME Granville Dickerson ADDRESS 4211 Papin

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, asphyxia, etc. It means the disease, injury, or complication which caused death.
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease
ANTECEDENT CAUSES
Generalized Arteriosclerosis DUE TO (b) _____
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
None Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH Undet.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR 4200

22. I hereby certify that I attended the deceased from 5-25, 1953, to 6-22, 1953, that I last saw the deceased alive on 6-22, 1953, and that death occurred at 7:10a m., from the causes and on the date stated above.

23a. SIGNATURE Charles Pierce (Degree or title) M. D. 23b. ADDRESS 2601 N Whittier St 23c. DATE SIGNED 6-22-53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 6/25/53 24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis Co.

DATE REC'D BY LOCAL REG. JUN 24 1953 REGISTRAR'S SIGNATURE J. Carl Smith 25. FUNERAL DIRECTOR'S SIGNATURE Russell Undertaking Co. ADDRESS 2732 Pine

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

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..

Student.....
Signature of Student Embalmer

Signed *James P. Carter*

Licensed Embalmer No. *460*

P. O. Address *H. Lewis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.