

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 16 1957

318

1003

37345

STATE FILE NUMBER

9136

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Richmond Heights		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John Hospital		Length of stay in lb 3 Days		27 STREET ADDRESS (If outside, give location) 7416 Ethel Ave.	
3. NAME OF DECEASED (Type or print) First ARTHUR Middle T. Last DICKENS			4. DATE OF DEATH Month Sept. Day 24 Year 1957		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4-27-1875	9. AGE (In years last birthday) 82	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor		10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (City and state or country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Mason Dickens			14. MOTHER'S MAIDEN NAME Unknown Davis		
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. 492-36-8216		17. INFORMANT 7621 Marion Ct. Leslie Dickens, Maplewood, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumothorax Generalized arteriosclerosis Hypertensive brain ischemic heart disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 4200. DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH 4 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Diabetes mellitus + Renal Bronchial Pneumonia					
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Sept. 24, 1957 to Sept. 24, 1957 and last saw ^{him} alive on 9-24-57 Death occurred at 6:30 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Arthur A. Dell (Degree or title) M.D.			22b. ADDRESS 7346 Manchester Ave. Maplewood, Mo.		22c. DATE SIGNED 9-26-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 9-30-57	23c. NAME OF CEMETERY OR CREMATORY Bethel Ceme., Pond, Mo.		23d. LOCATION (City, town, or county) (State) Pond, Mo.
24. FUNERAL DIRECTOR JAY B. SMITH, Maplewood, Mo.			25. DATE RECD. BY LOCAL REG. OCT 1 57		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. M. J. B.

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare, Public Health Service
S. 300
P. 1-56
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Allen Darr*
Licensed Embalmer No. *400*

P. O. Address *W.L.*

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. *FD-12-9*