

**MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**  
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**-63-013192**

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3360** STATE FILE NUMBER

VS.300  
Rev. 4/59

1

2 **21/9**

3

4 **3**

5 **1**

6

7 **0**

8 **2**

9

10

11

12 **1271-0**

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>FILED MAR 28 1963</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b <b>Life</b>	c. CITY OR TOWN <b>St. Louis</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Peoples Hospital</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>4236 Enright</b> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>DOVIE</b> Middle <b>BLIGH</b> Last <b>DICKERSON</b>			4. DATE OF DEATH Month <b>March</b> Day <b>21</b> Year <b>1963</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-6-1874</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <b>88</b> IF UNDER 1 YEAR: Months Days Hours Min. IF UNDER 24 HR: Months Days Hours Min.
11a. BIRTHPLACE (City and state or country) <b>Florissant, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Robert Baker</b>		13b. MOTHER'S MAIDEN NAME <b>Nannie Shackelford</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <b>NO</b>		14. NAME OF HUSBAND OR WIFE <b>John Dickerson</b>	
16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>John Dickerson, 4236 Enright</b>	
18. CAUSE OF DEATH (Enter only one cause. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Uremia</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <b>Cerebral Vascular Accident</b> DUE TO (c) <b>Arteriosclerosis, Generalized</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <b>78 hrs</b> <b>2 wks</b> <b>unk</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20c. TIME OF INJURY Hour Month, Day, Year		20b. DESCRIBE HOW INJURY OCCURRED: (Enter nature of injury in PART I or PART II of item 18.) <b>3314</b>	
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 <b>1 Mar 63</b> to <b>21 Mar 63</b> and last saw her/him alive on <b>20 Mar 63</b> Death occurred at <b>2:00</b> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deceased or title) <b>Mason D. (Blond) M.D.</b>		22b. ADDRESS <b>2715 Union Blvd</b>	
22c. DATE SIGNED <b>21 Mar 63</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>3/25/63</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Charles J. Gates, Jr., 4107 Finney</b>		25. DATE RECD. BY LOCAL REG. <b>MAR 22 1963</b>	
26. REGISTRAR'S SIGNATURE <b>Loan Smith, M.D.</b>			

**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 Raymond Dickson, Student Embalmer No. 665  
working under my personal supervision.

Student Raymond Dickson  
Signature of Student Embalmer

Signed Gayton Swann

Licensed Embalmer No. 4580

P. O. Address 4107 Finney

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.