

Registered in District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1538a N. 17th St. **2**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether Birth)
 In this community Birth
years, months or days

3. (a) PRINT FULL NAME George M. Dickson

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alvenia Dickson nee Rabe 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased December 12, 1872
(Month) (Day) (Year)

8. AGE: Years 67 Months 10 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Missouri **0**
(City, town, or county) (State or foreign country)

10. Usual occupation Retired shoe worker **9**

11. Industry or business _____ **5**

12. Name John Dickson

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Morris

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Alvenia Dickson

(b) Address 1538a N. 17th St.

17. (a) Burial (b) Date thereof 10/16/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) OCT 15 1940 (b) J. P. [Signature]
(Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis **2L**
(If outside city or town limits, write "RURAL")
 (d) Street No. 1538a N. 17th St.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 13th
 year 1940 hour 4:45 PM minute _____ M.

21. I hereby certify that I attended the deceased from 6/3, 1937, to 10/13, 1940; that I last saw him alive on 10/13, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis of left hip
 Due to osteo arthritis of same
Pericarditis angina

Due to lungs not involved

Other conditions (Include pregnancy within 3 months of death)

Major findings: 27 [Signature]
 Of operations _____
 Of autopsy _____

Duration _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
 (e) Means of injury l

23. Signature J. P. Motachkin (M. D. or other) _____
 Address 1259 N. Kingshighway Date signed 10/14/40

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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed *William G. Buckholz*

Licensed Embalmer No. *2110*

P. O. Address *St. Louis 9th*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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