No. 2
4-13-40
-17-39
X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36788
Registrar's No. 9061

Registration District No. 791 Primary Registration District No. 1003

FILED DEC 11 1940

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: Homer Phillips Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days (Specify whether years, months or days)
In this community 3 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 1711 South Grand (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Charles Dickerson
3. (b) If veteran, name war No
3. (c) Social Security No. No.
4. Sex Male
5. Color or race Colored
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Not Known (Month) (Day) (Year)
8. AGE: Years About 53 Months Days If less than one day hr. min.
9. Birthplace La (City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
FATHER 12. Name Jerry Dickesson
13. Birthplace La. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Bonna Carter
15. Birthplace La. (City, town, or county) (State or foreign country)
16. (a) Informant Ethel Bogans
(b) Address 3718 Enright Ave
17. (a) Greenwood (Burial, cremation, or removal) (b) Date thereof Nov 4th 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood
18. (a) Signature of funeral director L. Beal Und Co.
(b) Address 2726 Lucas Ave.
19. (a) NOV 4 1940 (Date received local registrar) (b) J F Bredner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 1 year 1940 hour 9:07 minute P M.
21. I hereby certify that I attended the deceased from October 21, 1940 to November 1, 1940; that I last saw him alive on November 1, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis (Pneumonic Type)	1 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Clarence Allen (M. D. or other)
Address 2601 N Whittier Date signed 11/4/40

(Licensed Embalmer's Statement on Reverse Side)

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 Birdie Beal Anderson

Licensed Embalmer No. 2929

P. O. Address.....

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

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