

JAN 15 1940

Registration District No.

Primary Registration District No. **1003**

Registrar's No. **9956**

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2311^a Belmont Pl. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 21
(If outside city or town limit, write "RURAL")
(d) Street No. 2311^a Belmont Pl.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Caroline Dickson

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race col 6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife Fred Dickson 6. (c) Age of husband or wife if alive 2 years
7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years about 75 Months 2 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Union S.C. (City, town, or county) (State or foreign country)

10. Usual occupation Chemist 9

11. Industry or business _____

12. Name Unkown 9

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

14. Maiden name Unkown

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

16. (a) Informant Wild Steward

(b) Address 2311^a Belmont Pl.

17. (a) _____ (b) Date thereof 12 4 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation with Coroner

18. (a) Signature of funeral director W. J. Walker

(b) Address 2707 St. Edward St.

19. (a) DEC 4 1940 (b) J. T. Bredek
(Date of local death) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 26
year 40 hour 7:45 minute _____ P.M.

21. I hereby certify that I attended the deceased from 11-26-40
_____ 19____, to 11-26 1940
that I last saw him ER alive on 11-26 1940
and that death occurred on the date and hour stated above,
Immediate cause of death Myocardial Infarction
8.5 x 10 cm. Duration 2 yr

Due to Acute Infarction caused by improper diet
Due to _____
Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None
Of operations None
Of autopsy None

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) no

(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? no (Specify type of place) (e) Means of injury _____

23. Signature W. J. Walker (M. D. or other) W
Address 2311^a Belmont Pl. Date signed 12/4/40

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.....

William C. McDowell

Registered Apprentice No.

working under my personal supervision.

Signed

William C. McDowell

Licensed Embalmer No. *2214*

P. O. Address

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 this body is not embalmed, above space should be left blank.