No. 2
4-13-40
5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FEB 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 958

Registration District No. 91

Primary Registration District No. 1003

Registrar's No. 958

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: Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 mos 7 days (Specify whether years, months or days)

In this community 13 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St Louis 117
(If outside city or town limits, write "RURAL")

(d) Street No. 4138 Cook 6
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Theophilus Dickerson

3. (b) If veteran, name war Unk

3. (c) Social Security No. 492-16-0978

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret Dickerson

6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased January 14, 1900 (Month) (Day) (Year)

8. AGE: Years 40 Months 11 Days 21 If less than one day ..... hr. ..... min.

9. Birthplace (City, town, or county) Hawaii (State or foreign country) 8

10. Usual occupation Upholsterer

11. Industry or business

FATHER
12. Name Henry Dickerson
13. Birthplace (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Mary ? (City, town, or county) Hawaii (State or foreign country) ?
15. Birthplace

16. (a) Informant Florence A. Spotts
(b) Address 2601 N Whittier

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-30-41 (Month) (Day) (Year)
(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director Ira Hamilton
(b) Address City Health Dept

19. (a) JAN 29 1941 (Date received by registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5 year 1941 hour 11:10 minute P M.

21. I hereby certify that I attended the deceased from Sept 30, 1940, to January 5, 1941, that I last saw him alive on January 5, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertension	About 2 yrs
Hypertensive Heart Disease	" "
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy Hypertensive Heart Disease

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 0

23. Signature J. W. Johnson (M. D. or other)
Address 2601 N Whittier Date signed 1/7/41

(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.....

Licensed Embalmer No.....

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.