

STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 21 1945
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10793

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:
Bethesda Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 weeks
(Specify whether
In this community 65 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5883 Julian Avenue
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LOTTA L. DICKSON

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dr. James A. Dickson 6. (c) Age of husband or wife if alive 85 years
7. Birth date of deceased 2 (Month) 7 (Day) 1870 (Year)

8. AGE: Years 75 Months 10 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Philadelphia Penn.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Charles W. Lewis

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

14. Maiden name Anna Adams

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

16. (a) Informant Dr. James A. Dickson

(b) Address 5883 Julian Avenue

17. (a) Burial (b) Date thereof 12-12-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Alexander & Sons

(b) Address 6175 Delmar Blvd.

19. (a) DEC 11 1945 (b) J. F. Burdick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9 th. year 1945 hour 10 minute 10 P.M.

21. I hereby certify that I attended the deceased from Oct 19 1945 to Dec 9 1945
that I last saw him alive on Dec 9 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion (Myocardial infarction) Duration 1 mo

Due to arteriosclerosis

Due to myocarditis Chv

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 93d

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) _____

(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 _____

23. Signature Walter G. Kuschner (M. D. or other) _____
Address 528 N. Grand Blvd Date signed 12/11/45

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

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 Thomas R. Demurek

Licensed Embalmer No. 3793

P. O. Address St. Louis Mo

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, fact should be so stated above.