No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED #68339 MAR 3 1947

Registration District No. 318 Primary Registration District No. 1003

State File No. 6182

Registrar's No. 1727

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff Memorial
(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
(If outside city or town limits, write "RURAL")

(d) Street No. 5956 Minerva Avenue
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME SAMUEL GORDON DICKINSON

3. (b) If veteran, name war World War 1

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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 February 2, 1898
(Month) (Day) (Year)

8. AGE: Years 49 Months 0 Days 16 If less than one day hr. min.

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

10. Usual occupation Bookkeeper

11. Industry or business

FATHER
12. Name Samuel Dickinson
13. Birthplace (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Anna Heinz
15. Birthplace Madison County (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mrs. Anna Dickinson
(b) Address 5956 Minerva Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof February 21, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Shepard Funeral Home
(b) Address 1167 Hamilton Avenue

19. (a) FEB 19 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18th
year 1947 hour 4:25 minute A M.

21. I hereby certify that I attended the deceased from 2/17/47
, 19 , to 2/18/47 , 19 ;
that I last saw him alive on 2/18/47 , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial Infarction	18 hours
Due to Arteriosclerotic Heart Disease	10 years
Due to	
Other conditions Old Myocardial Infarction (Include pregnancy within 3 months of death)	8 years

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 John [signature] (M. D.)
Address 1515 Lafayette Date signed 2/18/47

(Licensed Embalmer's Statement on Reverse Side)

MAY 27 1947

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 with the above constitutes grounds for revocation of license.)

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