S. No. 2
M—5-43
v. 5-17-39
I X36671

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

State File No. 30949

FILED OCT 9 1948

Registration District No. 318

Primary Registration District No. 1005

Registrar's No. 8499

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:
North Market @ Grand Blv'd., 3
(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 California (b) County Orange 999

(c) City or town Orange
(If outside city or town limits, write "RURAL")

(d) Street No. 2
(If rural, give location)

(e) Citizen of foreign country? N.R No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JOHN FRANK DICKERSON

3. (b) If veteran, name war unknown

3. (c) Social Security No. unknown

4. Sex male 1

5. Color or race white

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife ------

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

7. Birth date of deceased unknown (Month) (Day) 1888 (Year)

8. AGE: Abt - Years 60 Months -- Days -- If less than one day hr. min.

9. Birthplace unknown (City, town, or county) Illinois 1 (State or foreign country)

10. Usual occupation rancher

11. Industry or business

FATHER
12. Name Elmer Dickerson
13. Birthplace unknown (City, town, or county) unknown 9 (State or foreign country)

MOTHER
14. Maiden name Emma Kellem
15. Birthplace unknown (City, town, or county) unknown 9 (State or foreign country)

16. (a) Informant Mr. Dorrell Taylor
(b) Address Hutchinson, Kansas.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof Sept. 30, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Long Beach, California

18. (a) Signature of funeral director C. R. Lupton & Sons
(b) Address 7233 Delmar Blv'd., University City, Mo.

19. (a) SEP 30 1948 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 29th year 1948 hour minute M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Coronary Sclerosis

Due to 94

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 3

23. Signature Patrick E. Taylor, Dep. Cor (M. D. or other)

Address 1300 Clark Date signed 9-30-48

(Licensed Embalmer's Statement on Reverse Side)

NOV 9 1953

APR 4 1961

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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.