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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 14 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 38032

Registrar's No. 10650

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

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 3006a PINE ST 1
(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 OWN

(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3006a PINE ST. 4
(If rural, give location)

(e) Citizen of foreign country? 21 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JULIAND DICKSON

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex F 3

5. Color or race C

6. (a) Single, widowed, married, divorced 2 WIDOW

6. (b) Name of husband or wife HARROLD DICKSON

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

7. Birth date of deceased [illegible] (Month) 31 (Day) 1876 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	11	5	hr. min.

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

10. Usual occupation NONE

11. Industry or business

FATHER
12. Name CARRY MARTIN
13. Birthplace GA.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name JANE
15. Birthplace GA. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Evlyn Dickson
(b) Address 3006a Pine St

17. (a) BURIAL (b) Date thereof 12 11 48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation FATHER DICKSON

18. (a) Signature of funeral director A. F. Walton
(b) Address 2707 S. Ferdinand

19. (a) DEC 8 1948 (b) J B Lasater
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 5th
year 1948 hour 12 minute 35 A M.

21. I hereby certify that I attended the deceased from Nov. 27, 1948 to Dec. 5, 1948 19
that I last saw her alive on Dec. 5, 1948 19
and that death occurred on the date and hour stated above.

Immediate cause of death Aortic Insuffiency, Arteriosclerosis, chronic
Due to nephritis & hemiplegia left side
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy clinical

Duration

PHYSICIAN

Underline the cause of 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 M. Johnson (M. D. or other) MD
Address 3100a Lucas Ave. Date signed 12/6/48

Jefferson City Printing Co. (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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4049 St Ferdinand

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.