

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34970**
Registrar's No. **9006**

FILED NOV 2 1951

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2219	
c. LENGTH OF STAY (In this place) 2 1/2 yrs		d. FULL NAME OF HOSPITAL OR INSTITUTION Home L. Phillips	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) 2218 Chestnut St.	
3. NAME OF DECEASED (Type or Print) Walter		4. DATE OF DEATH (Month) (Day) (Year) 10. 8. 51	
a. (First)		b. (Middle)	
c. (Last) Dickson		5. SEX M	
6. COLOR OR RACE Col		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	
8. DATE OF BIRTH 8-13-1905		9. AGE (In years last birthday) 46	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) labor		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Ark.		12. CITIZEN OF WHAT COUNTRY? U.S.A	

13a. FATHER'S NAME Top Dickerson	13b. MOTHER'S MAIDEN NAME Lucy Dickerson	14. NAME OF HUSBAND OR WIFE Laura Dickson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 432-12-2216	17. INFORMANT'S SIGNATURE OR NAME Lucy Talley	ADDRESS 2521 Rheskinwell
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		INTERVAL BETWEEN ONSET AND DEATH 1 hr
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Lobar Pneumonia		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? H/O X
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22. I hereby certify that I attended the deceased from **10. 8. 51**, to **10. 8. 51**, that I last saw the deceased alive on **10. 8. 51**, and that death occurred at **2218 Chestnut St.** m., from the causes and on the date stated above.

23a. SIGNATURE Joseph M. Beck	23b. ADDRESS 1200 Clark	23c. DATE SIGNED 10/12/51
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24a. BURIAL, CREMA- TION, REMOVAL (Specify)	24b. DATE 10-15-51	24c. NAME OF CEMETERY OR CREMATORY Washington Park	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE RECD BY LOCAL REG. Oct 13 1951	REGISTRAR'S SIGNATURE Paul Smith	FUNERAL DIRECTOR'S SIGNATURE Gus Howe	ADDRESS 2930 Dickson St
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WRITE PLAINLY—USING 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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Leroy W. Jannister*

Licensed Embalmer No. *4523*

P. O. Address *3880 Easton Ave*

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.