

FILED NOV 22 1954

STANDARD CERTIFICATE OF DEATH

State File No. **38672**
 BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10152**

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>3 weeks</u>	c. CITY OR TOWN <u>Belleville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Firmin Desloge Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>200 Sunset Drive</u>			
3. NAME OF DECEASED (Type or Print) <u>CARL</u>		a. (First) _____ b. (Middle) <u>Carter</u> c. (Last) <u>DICKSON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 6, 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 22, 1905</u>	9. AGE (In years last birthday) <u>49</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Teacher.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>School Teacher.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois Lehnzburg,</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Charles Dickson</u>		13b. MOTHER'S MAIDEN NAME <u>Nellie Carter</u>	14. NAME OF HUSBAND OR WIFE <u>Minnie M. Dickson</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes World War #2</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Minnie M. Dickson</u>		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic carcinoma to brain</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>carcinoma of lung &</u> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>Symptoms for 5 weeks</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cardiovascular disease</u>		19a. DATE OF OPERATION <u>None</u>			
19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>None</u>			
22. I hereby certify that I attended the deceased from <u>10/14, 1954</u> , to <u>11/6, 1954</u> , that I last saw the deceased alive on <u>11-6-54</u> , and that death occurred at <u>10:30 pm.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>J. M. Fletcher M.D.</u> (Degree or title)		23b. ADDRESS <u>St. Louis Firmin Desloge Hospital</u>		23c. DATE SIGNED <u>11-6-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-10-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Burial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Belleville, Illinois.</u>		
DATE REC'D BY LOCAL REG. <u>NOV 9 1954</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>Edgar A. Bader</u>	
REG.		ADDRESS <u>Belleville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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No. 300

10.48

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Edgar A. Balduis*.....
Licensed Embalmer No. *284*.....
P. O. Address *Belleville*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.