

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 1 1955

State File No. 6805

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 590	Registrar's No. 278	
1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Pine Lawn		c. LENGTH OF STAY (In this place) 29 yrs	c. CITY OR TOWN Pine Lawn 4150	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 3829 Manola Ave.		STREET ADDRESS (If rural, give location) 3829 Manola Ave.			
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) MINARD c. (Last) DICKEY		4. DATE OF DEATH (Month) (Day) (Year) Feb. 1, 1955			
5. SEX Male <input type="radio"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 18, 1895	9. AGE (In years last birthday) 59 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Wholesale Coal		11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo. <input type="radio"/> 12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charles W. Dickey		13b. MOTHER'S MAIDEN NAME Pearl Brown		14. NAME OF HUSBAND OR WIFE Anita Zoeller	
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. 493-01-5212		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anita Dickey 3829 Manola Ave.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hepatic Cirrhosis DUE TO (c) Hypertensive Cardiac Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) 4201	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-9-1953, to 2-1-1955, that I last saw the deceased alive on 2-1-1955, and that death occurred at 5:24 p.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Colonel P. Harris MD		23b. ADDRESS 6826 Natural Bridge		23c. DATE SIGNED 2-7-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Feb. 3, 1955		24c. NAME OF CEMETERY OR CREMATORY Galvary	
24d. LOCATION (City, town, or county) (State) St. Louis Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herbert R. Domb, H.D. Cullen, Kelly 7267 Natural Bridge			
DATE REC'D BY LOCAL REG. 2-2-55		REGISTRAR'S SIGNATURE			

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

5 20

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 *Hedley P. J. J. J. J.*
Licensed Embalmer No. *495*
P. O. Address *St. Louis*

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.