

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-032391

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **8208** STATE FILE NUMBER

VS 300 Rev. 4/59

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2 **21**  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF

**FILED AUG 31 1962**

1. PLACE OF DEATH  
a. COUNTY **St. Louis**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Mo.** b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **St. Louis** Length of stay in 1b

c. CITY OR TOWN **St. Louis** Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **CITY HOSPITAL #2** Inside Limits Yes  No  d. STREET ADDRESS (If outside, give location) **4314 EASTON AVE.** Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last **HENRY CHARLES DICKERSON** 4. DATE OF DEATH Month Day Year **7 - 11 - 62**

5. SEX **MALE** 6. COLOR OR RACE **COLORED** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **UNK.** 9. AGE (last birthday) **43** IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **UNK.** 10b. KIND OF BUSINESS OR INDUSTRY **UNK.** 11. BIRTHPLACE (City and state or country) **ARKANSAS** 12. CITIZEN OF WHAT COUNTRY **U.S.A**

13a. FATHER'S NAME **UNK** 13b. MOTHER'S MAIDEN NAME **UNK** 14. NAME OF HUSBAND OR WIFE **UNK**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **UNK** 16. SOCIAL SECURITY NO. **UNK** 17. INFORMANT **Helen L. Taylor** Address **1300 Clark**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **CEREBRAL HEMORRHAGE**  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **331 X**  
DUE TO (c)  
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year  
20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at **3:15 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Helen L. Taylor Coroner** 22b. ADDRESS **1300 Clark Ave** 22c. DATE SIGNED **8-2-62**

23a. BURIAL, CREMATION, REMOTA (Specify) **Rowland-Aker Mortuary Service** 23b. DATE **8-31-1962** 23c. NAME OF CEMETERY OR CREMATORY **Anatomical Board** 23d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

24. FUNERAL DIRECTOR'S NAME **Ed Manchester Ave.** ADDRESS **St. Louis 10, Mo.** 25. DATE RECD. BY LOCAL REG. **AUG 23 1962** REGISTRAR'S SIGNATURE **Coat Smith. M.D.**

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.