

OBITUARIES

Charles Dickens; company head, Jewish leader

CRANSTON — Charles Dickens, 87, of 315 Park Ave., died at St. Joseph Hospital today. He was the husband of the late Sophie (Gordon) Dickens.



He was born in Russia a son of the late Harry and Martha (Schmuger) Dickens. He came to Providence in 1903 where he lived most of his life.

He was founder and president of the International Supply Co. and the former R.I. Products Company. He was a member of the board of directors emeritus and past chairman of the board of directors of Congregation Shaare Zedek-Sons of Abraham and for 30 years was president of the congregation.

He was vice president of the Chessed Schel Emess; vice president of Vaad Hakashruth; a member of the Providence Hebrew Free Loan Association; the Jewish Home for the Aged and the Majestic Guild.

He leaves a son, Joseph Dickens of Warwick; a sister, Mrs. Lillian Goldstein of Providence; two grandchildren and two great-grandchildren.

The funeral service will be held at 2 p.m. tomorrow at Mount Siani Memorial Chapel, 825 Hope St., Providence. Burial will be in Lincoln Park Cemetery, Warwick.

DICKENS, CHARLES

RHODE ISLAND DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

LOCAL FILE NUMBER

STATE FILE NUMBER

TYPE OR PRINT IN
DARK PERMANENT INK

DECEDENT

DECEASED — FIRST NAME 1 Charles Dickens		MIDDLE	LAST	SEX 2 male	DATE OF DEATH (Month, day, year) 3 5-15-85 5-15-85
RACE — White, Black, American Indian, Etc. (Specify) 7a white	AGE — LAST BIRTHDAY (Years) 5a 86	UNDER 1 YEAR 5b 28	UNDER 1 DAY 5c 27	DATE OF BIRTH (Month, day, year) 6 Oct. 19, 1898	CITY, TOWN, OR LOCATION OF DEATH 7a Providence
HOSPITAL OR OTHER INSTITUTION — NAME (If not in either, give street and number) 7b St. Joseph Hospital					WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No) NAME WAR 8 NO
CITY, TOWN, STATE, OF BIRTH (If not in U.S.A. name country) 9a Russia		CITIZEN OF WHAT COUNTRY 9b USA		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 10 widowed	SPOUSE (If wife, give maiden name) 11 Sophie (Gordon) Dicker
SOCIAL SECURITY NUMBER 12 038-03-1536		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 13a retired president		KIND OF BUSINESS OR INDUSTRY 13b retail plumbing supply	
MAILING ADDRESS OF RESIDENCE — STREET OR R.F.D. AND NUMBER, CITY OR TOWN, STATE, ZIP CODE 14a 315 Park Ave, Apt 204, Cranston, RI 02905					CITY OR TOWN OF RESIDENCE (If different from mailing address) 14b

PARENTS

FATHER — FIRST NAME 15 Harry Dickens	MIDDLE	LAST	MOTHER — FIRST NAME 16 Martha	MIDDLE	MAIDEN NAME Schamüger
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DISPOSITION

INFORMANT — NAME 17a Charles Dickens		MAILING ADDRESS (Street or R.F.D. No., city or town, state, zip) 17b 315 Park Ave, Cranston, RI 02905			
BURIAL, CREMATION, REMOVAL, OTHER (Specify) 18a Burial	CEMETERY OR CREMATORY — NAME AND LOCATION CITY OR TOWN STATE 18b Lincoln Park Cemetery, Warwick, RI				
FUNERAL DIRECTOR — LICENSEE (Signature) 19a	FUNERAL HOME — NAME AND ADDRESS (Street or R.F.D. no, city or town, state, zip) Mt. Sinai Chapel Inc. 825 Hope Str. Providence,				

CERTIFIER

R.I. law requires the name of the physician and the cause of death to be PRINTED or TYPED in BLACK INK. Signatures must also be in BLACK INK.

To be completed by CERTIFYING PHYSICIAN ONLY 20a NAME AND ADDRESS OF CERTIFIER (Type or print) CHRISTIAN HERAND MD		DEGREE OR TITLE 20b	DATE SIGNED (Month, day, year) 20c 5-15-85	HOUR OF DEATH 20d 6:45 AM
20e NAME AND ADDRESS OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print) 300 Tollgate Rd Warwick RI		WAS DEATH REFERRED TO MEDICAL EXAMINER (Specify Yes or No) 21a NO	IF HOSP. OR INST. Indicate DOA OP/Emer. Rm., Inpatient (Specify) 21b inpatient	
22		LENGTH OF ATTENDANCE (Specify) (hrs., wks., mo., yrs.) 23 1 wk.		

REGISTRAR

REGISTRAR 24a (Signature) John C. Maccione	DATE RECEIVED BY REGISTRAR (Mo., day, yr.) 24b MAY 20 1985
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CAUSE OF DEATH

25 IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)) PART I (a) VENTRICULAR FIBRILLATION DUE TO, OR AS A CONSEQUENCE OF, (Intermediate cause) (b) ISCHEMIC HEART DISEASE DUE TO, OR AS A CONSEQUENCE OF, (Underlying cause) (c) GENERALIZED ARTERIOSCLEROSIS OTHER SIGNIFICANT CONDITIONS — Conditions contributing to death but not related to cause given in PART I (a)				AUTOPSY (Yes or No) 25a NO	If yes were findings considered in determining cause of death 25b
ACCIDENT (Specify Yes or No) 27a NO	DATE OF INJURY (Mo., day, yr.) 27b	HOUR OF INJURY 27c	DESCRIBE HOW INJURY OCCURRED 27d		
INJURY AT WORK (Specify Yes or No) 27e NO	PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 27f	LOCATION 27g	STREET OR R.F.D. NO CITY OR TOWN STATE		

VS-2 Rev 10-84

BRIEF INSTRUCTIONS ON REVERSE SIDE

R.I. Law requires Funeral Director to file this certificate with the City or Town Clerk at the Place of Death within 7 days.

State of Rhode Island, Division of Vital Statistics, Providence, R.I.

Hereby Certify That The Foregoing Is A True Copy Of A Record On File.

Place Where Information Is Filed CITY OF PROVIDENCE, Rhode Island	This Copy Issued: MAY 31 1985
Signature of State or Local Registrar John C. Maccione	

N 20028