WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

JUL 14 1936

791
1003

24917

File No.
Registered No. 6573

1. PLACE OF DEATH

County
Township
City St. Louis (No. 3917 North Florissant Ave. St. Ward)

Registration District No.
Primary Registration District No.

2. FULL NAME Stella Dixon

(a) Residence, No. 3917 N. Florissant Ave St., 20 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George P. Dixon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 7, 1882

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	53	10	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

FATHER

13. NAME John Paule

14. BIRTHPLACE (CITY OR TOWN) St. Charles, (STATE OR COUNTRY) Mo.

MOTHER

15. MAIDEN NAME Philiminia Dorlaque

16. BIRTHPLACE (CITY OR TOWN) St. Charles (STATE OR COUNTRY) Mo.

17. INFORMANT George P. Dixon (ADDRESS) 3917 N. Florissant Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE June 30, 1936

19. UNDERTAKER Math. Hermann & Son (ADDRESS) 2161 East Fair Ave.

20. FILED JUN 29 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov., 1935, to June 27, 1936. I last saw her alive on June 27, 1936. Death is said to have occurred on the date stated above, at 4:45 P. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
1) Carcinoma of Cervix uteri	Sept 34
2) Metastatic carcinoma	

Other contributory causes of importance: 2

Name of operation Date of
What test confirmed diagnosis? biopsy Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify

(Signed) Louis Kappel, M. D.
(Address) 2114 E Gravois Blvd.