

DEC 3 1936

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

Do not use this space.

42935

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis

(No. 3937

Labadie Avenue

File No. 11508

Registered No. 11508

St.

Ward)

2. FULL NAME

AGNES E. DIXON,(a) Residence, No. 3937 Labadie Avenue St. 10 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

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)
Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFJohn A. Dixon

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

May 11, 1844

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day,hrs.
ormin.9267

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.At Home9. 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)
(STATE OR COUNTRY)Germany

FATHER

13. NAME

John Mollencott14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Germany

MOTHER

15. MAIDEN NAME

Not Known16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Germany

17. INFORMANT

(ADDRESS)

George P. Dixon
3937 Labadie Avenue

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Bellefontaine

DATE

Nov. 20, 1936

19. UNDERTAKER

(ADDRESS)

Math. Hermann & Son
2181 East Fair Avenue

20. FILED

NOV 19 1936J. F. Bredeck

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Nov. 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Nov 7 - 1936 to Nov 18 - 1936I last saw her alive on Nov - 17 - 1936 Death is said5:45 a

to have occurred on the date stated above, at

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

Date of onset

Chronic myocarditis

Other contributory causes of importance:

arteriosclerosis
& old age.

Name of operation

none

Date of

What test confirmed diagnosis?

Examination

Was there an autopsy?

No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury Nov 19Where did injury occur? Home
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

none

Nature of injury

none

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) D. M. F. Carman, M. D.(Address) 2743 N. Grand

