

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

39711
 Do not use this space.

DEC 13 1937

791
 1003

Registered No. **10698**

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City **St. Louis** (d) Street No. **City Hospital No. 1** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Geroge Dixon
263 Prairie St. **9**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **separated**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Louise Dixon**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept 18, 1882**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
55 **55** **2** **0**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Gen. Laborer**
 9. Industry or business in which work was done, as saw mill, bank, etc. **laborer**
 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) **St. Louis, Missouri**

FATHER 13. NAME **Geo. Dixon**

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Indiana**

MOTHER 15. MAIDEN NAME **Mary Kincer**

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Missouri**

17. INFORMANT (ADDRESS) **Hosp. Info M. Kent**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Friedens** DATE **Nov. 20, 1937**

19. FUNERAL DIRECTOR (ADDRESS) **Mathias Hermann & Son**
100 East Fair Avenue
Nov 19 1937
J. Bredeck

20. FILED 19 **9** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11/18/37** 19

22. I HEREBY CERTIFY, That I attended deceased from **11/5/37** **11/18/37**
him **11/18/37** 19
 I last saw him alive on 19. Death is said to have occurred on the date stated above, at **7.30** m. a

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

Intestinal obstruction from foreign body (periumbilical fecal) & intestinal obstruction caused by periumbilical lodged in intestine
 Date of onset
 Other contributory causes of importance: *Suppurative pleurisy*

Name of operation *Exp. Suptomy* Date of *11-7-37*
 What test confirmed diagnosis? Was there an autopsy? *Yes*

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?
 If so, specify
 (Signed) *Albert H. Krause* M. D.
 (Address) **City Hospital No. 1**

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.

OCCUPATION 2137
 FATHER 2
 MOTHER 1

