

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

46634
 Do not use this space.

JAN 24 1938

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 785

(b) Township Bonhomme Primary Registration District No. 6031 Registered No. 172

(c) City Manchester (d) Street No. Manchester Nursing Home 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? 48 yrs. — mos. — ds.

2. PRINT FULL NAME DELBERT DIXON

(a) Residence, No. Mill Creek, Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30-1878

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

59 6 10 or — — —

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

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

10. Date deceased last worked at this occupation (month and year) Aug 23 1937 11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Granville Co. Ontario Canada

FATHER 13. NAME J. R. Dixon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

MOTHER 15. MAIDEN NAME Mary Hill

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

17. INFORMANT (ADDRESS) Frank L. Dixon 4280 Washington St. Louis Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Kemptville Ontario Canada DATE Dec 15 1937

19. FUNERAL DIRECTOR (ADDRESS) Schrader Funeral Home Ballwin Mo.

20. FILED 12-11-1937 Agnes Kelly Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 10 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 15 1937 to Dec 10 1937

I last saw him alive on Dec 10th 1937. Death is said to have occurred on the date stated above, at 10:30 A.M.

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

(1) Hemorrhage from
 (2) Cancer (Carcinoma) of neck

Date of onset 50

Other contributory causes of importance: Chronic nephritis

Name of operation none 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? no Date of injury — 19—

Where did injury occur? none (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 —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) B. R. Loving, M. D.
 (Address) Ballwin, Mo.

Every death or cremation 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.

STATEMENT BY LICENSED EMBALMER

I, Theo. Schrader Licensed Embalmer No. 3066

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E. Theo. Schrader

No. 3066

or by

working under my personal supervision.

Registered Apprentice No.

Signed

Theo. Schrader

Licensed Embalmer No. 3066

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.)