FEB 12 1938

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

271
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 127

(c) City St. Louis, Missouri (d) Street No. BARNES HOSPITAL 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 Blanche Viola Dixon 250

(a) Residence, No. 3333a Itaska St. St. Louis, Mo. St. 15
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	white	widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widow of Charles

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 6, 1889

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
48	0-	27	

OCCUPATION

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

9. Industry or business in which work was done, as 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) Abilene
(STATE OR COUNTRY) Kansas

FATHER

13. NAME James Barr

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

MOTHER

15. MAIDEN NAME Charlotte, White

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

17. INFORMANT Geneva Brame
(ADDRESS) 3333a Itaska St

18. BURIAL, ~~CREMATION OR REMOVAL~~ in St. Paul Churchyard DATE Jan. 6, 1938

19. FUNERAL DIRECTOR A. N. McLaughlin
(ADDRESS) 2301 Lafayette Ave

20. FILED JAN 6 1938 19 J. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/3/38 19

22. I HEREBY CERTIFY, That I attended deceased from 12-2, 1937, to 1-3, 1938

I last saw h. alive on 1-3, 1938. 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
Hypertension	for years
Hypertensive heart disease	" "
arteriosclerosis, generalized	" "
Nephritis, chronic interstitial	" "
Cardiac decompensation	Nov., 37
Other contributory causes of importance: Uremia	Dec., 37

Name of operation ..... Date of .....

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) C. H. Smith, M. D.

(Address) BARNES HOSPITAL

(Licensed Embalmer's Statement on Reverse Side)

Any 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.

STATEMENT BY LICENSED EMBALMER

I, L. R. Cooper, Licensed Embalmer No. 3633

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

I. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed L. R. Cooper

Licensed Embalmer No. 3633

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)