

JAN 28 1939

FEB 7 1939

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

3954
Do not use this space.

1. PLACE OF DEATH

(a) County Saint Louis Registration District No. 784

(b) Township Carondelet Primary Registration District No. 200 Registered No. 163

(c) City Jefferson Barracks (d) Street No. VETERANS FACILITY St. Unkn (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 250 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Leroy C. DIXON

(a) Residence, No. 6712 Vermont Avenue, Saint Louis st. Missouri. (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 DIVORCED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF [REDACTED] ?

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 7, 1893

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>45</u>	<u>4</u>	<u>19</u>	

OCCUPATION

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

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) (STATE OR COUNTRY) Saint Louis, Missouri. 0

FATHER

13. NAME Robert Dixon 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin County Missouri. 1

MOTHER

15. MAIDEN NAME Laura Campbell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison County Illinois.

17. INFORMANT (ADDRESS) Medical Clerk, VAF., Jefferson Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE NATIONAL CEM. DATE JAN. 30 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. HOFFMEISTER & LCO 7814 S. BROADWAY

20. FILED JAN 28 1939 G. H. Meyer M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 26 1939

22. I HEREBY CERTIFY, That I attended deceased from January 20, 1939, to January 26, 1939

I last saw h. im live on January 26, 1939. Death is said to have occurred on the date stated above, at 1:10 P.M.

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

Bronchiectasis, chronic, severe, with terminal bronchial pneumonia. Date of onset Unkn.

Other contributory causes of importance: None

Name of operation None Date of physical exam, clinical mani. lab. What test confirmed diagnosis? NO 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 -

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? 1

If so, specify Chief Med. Officer, M. D. (Signed) C. W. HUGHES (Address) VAF., Jefferson Barracks, Mo.

N. E.—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.

FEB 8 1945

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.