

Registration District No. 1003

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 3318 LaSalle St.
(d) Length of stay: In hospital or institution _____
In this community _____

3. (a) PRINT FULL NAME Susan Dixon 250

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Dixon 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 20 1870
(Month) (Day) (Year)

8. AGE: Years 69 Months 5 Days 27 If less than one day hr. _____ min. _____

9. Birthplace Black Jack Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife 0

11. Industry or business 0

12. Name Charles Booten 0

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth James

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Norman Nelson

(b) Address 3318 LaSalle Street

17. (a) Burial (b) Date thereof Nov. 21 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Russell Undt. Co.

(b) Address 2732 Pine Street

19. (a) NOV 20 1939 (Date received local registrar)

(b) _____ (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 18
(d) Street No. 3318 LaSalle St.
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 17 year 1939 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from June 10th 1939 to Nov. 17 1939

that I last saw her alive on 11/17 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephritis

Due to _____

Due to _____

Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____

Address 3336 Chautau Date signed 11/20/39

Duration _____

PHYSICIAN

Underline the cause to which death should be charged statistically

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 5-17-39 I 10851

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.

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.....

Joel Russell

Licensed Embalmer No. *4112*

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.