DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 258

Registration District No. FEB 17 1940 791

Primary Registration District No.

Registrar's No. 258

1. PLACE OF DEATH: 1

(a) County

(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days (Specify whether
In this community Unknown years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St Louis 21
(If outside city or town limits, write "RURAL")

(d) Street No. 2955 Sheridan
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Dixie Carson 625

3. (b) If veteran, name war —

3. (c) Social Security No. None

4. Sex Female

5. Color or race Col

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Dec (Month) 19 (Day) 1882 (Year)

8. AGE: Years 58 Months 0 Days 18 If less than one day hr. min.

9. Birthplace New Madrid (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Domestic

11. Industry or business —

FATHER
12. Name Richard Enlow
13. Birthplace Unknow (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Betty Enlow
15. Birthplace Unknow (City, town, or county) Mo (State or foreign country)

16. (a) Informant's own signature Ellis White
(b) Address 2955 Sherdian Ave

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1. 11 40 (Month) (Day) (Year)
(c) Place: burial or cremation New Madrid Mo.

18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard St

19. (a) JAN 10 1940 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6
year 1940 hour 12:00 minute Noon M.

21. I hereby certify that I attended the deceased from December 28, 1939, to January 6, 1940;
that I last saw her alive on January 6, 1940;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death — Carcinoma of Cervix c Metastasis	6 mos
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature R. C. Hackney (M. D. or other)
Address 2601 N Whittier Date signed 1/8/40

(Licensed Embalmer's Statement on Reverse Side)

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

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 Myself

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Lonnie Boykin

Licensed Embalmer No. L46

P. O. Address St Louis Mo.

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.