

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 33670
Registrar's No. 8367NOV 16 1940 791
Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH:

(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: 263 East Prairie Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community Birth
years, months or days)

3. (a) PRINT FULL NAME John T. Dixon3. (b) If veteran, name war None 3. (c) Social Security No. 488-09-4034

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Carrie I Dixon nee Drysdale 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased October 27, 1884
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>11</u>	<u>9</u>	hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Laborer

11. Industry or business _____

12. Name George Dixon13. Birthplace Unknown
(City, town, or county) (State or foreign country)14. Maiden name Unknown15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant Mrs Carrie I Dixon(b) Address 263 East Prairie Ave17. (a) Burial (b) Date thereof 10/9/40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary Cemetery18. (a) Signature of funeral director Math Hermann & Son(b) Address 2161 East Fair Ave19. (a) 661 (b) John T. Dixon
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 263 East P rairie Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 6,
year 1940 hour 9:10 AM minute _____ M.21. I hereby certify that I attended the deceased from Mar 29,
1940, to Oct 6, 1940;
that I last saw him alive on Oct 5th, 1940;
and that death occurred on the date and hour stated above.
Immediate cause of death _____
Duration _____Due to Carcinoma of Gall Bladder
and liver. 8+ mos
Primary site gall bladder
Other conditions _____
(Include pregnancy within 3 months of death)Major findings: Refused hospitalization.
Of operations no

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?

While at work? _____ (Specify type of place)
(c) Means of injury _____23. Signature Albert J. Metz (M. D. or other) _____
Address 2739 NO Grand Bl Date signed 10-7-40

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.....

Leonard Hampton

Licensed Embalmer No.

2967

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, fact should be so stated above.