

FILED JUN 15 1942

State File No. 4969

Registration District No.

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
(b) City or town St. Louis, Mo.  
(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 15 days  
(Specify whether years, months or days)  
In this community Unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 11  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4455 Page  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Wesley Thomas Dixon

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

4. Sex Male 2 5. Color or race Col. 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Beulah Dixon 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased June 1, 1896  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
45 11 30 hr. min.

9. Birthplace Clarksville Mississippi  
(City, town, or county) (State or foreign country)

10. Usual occupation Hod Carrier

11. Industry or business

MOTHER FATHER

12. Name Unknown  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Anna Lee  
15. Birthplace Tennessee 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Campbell

(b) Address 4433 Cote Brillante

17. (a) Burial (b) Date thereof 6/5/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director R. M. C. Green

(b) Address 3517 Laclède Avenue

19. (a) JUN 5 1942 J. J. Budeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31,  
year 1942 hour 12 minute 00 noon M.

21. I hereby certify that I attended the deceased from May  
16, 19 42 to May 31, 19 42  
that I last saw him alive on May 31, 19 42  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease Duration Unknown

Due to 9-1-42

Due to 9-1-42

Other conditions 9-1-42  
(Include pregnancy within 3 months of death)

Major findings: Of operations 9-1-42  
Of autopsy 9-1-42  
PHYSICIAN 9-1-42  
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 J. J. Budeck (M. D. or other) 0  
Address 2601 Shetter Date signed 6-1-42

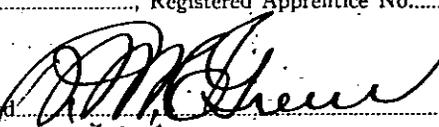
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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.

1173

P. O. Address

3517 S. Leland Ave

**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.**