

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19506

State File No.

Registrar's No. 5656

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....**St. Louis, Missouri**
 (b) City or town.....**St. Louis, Missouri**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis City Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....**2 Days**
 (Specify whether
 In this community.....
 years, months or days)

3. (a) PRINT FULL NAME **Emma Dixon**3. (b) If veteran, name war.....********* 3. (c) Social Security No.*********

4. Sex.....**Female** 5. Color or race.....**White** 6. (a) Single, widowed, married,
 divorced.....**Widow**
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if
 alive.....years

7. Birth date of deceased.....**October 10 1874**
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | 67 | 8 | 19 |hr.min. |

9. Birthplace.....**Illinois** (City, town, or county) (State or foreign country)10. Usual occupation.....**At Home**

11. Industry or business.....

12. Name.....**Charles Laurig**
 13. Birthplace.....**Germany** (City, town, or county) (State or foreign country)
 14. Maiden name.....**Albina Schmalz**
 15. Birthplace.....**Germany** (City, town, or county) (State or foreign country)

16. (a) Informant.....**Harry C Johnson**
 (b) Address.....**517 1/2 N. 14th St Quincy Illinois**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof.....**July 2 1942**
 (Month) (Day) (Year)
 (c) Place: burial or cremation.....**Bellefontaine Cemetery**

18. (a) Signature of funeral director.....**Pestz Brothers**
 (b) Address.....**3029 Lafayette Ave**

19. (a) **JUL 1 1942** (Date received local registration) (b) **J. P. Medves** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State.....**Missouri** (b) County.....**000**
 (c) City or town.....**St. Louis** (If outside city or town limits, write "RURAL")
 (d) Street No.....**5917 Waterman Ave** (If rural, give location)
 (e) Citizen of foreign country?.....**0** (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month.....**June** day.....**28**,
year.....**1942** hour.....**6:45** minute.....**PM**

21. I hereby certify that I attended the deceased from.....**June**
27, 19**42**, to.....**June 28**, 19**42**
 that I last saw her alive on.....**June 28**, 19**42**
 and that death occurred on the date and hour stated above.

Immediate cause of death:.....

Coronary Occlusion
 Due to.....

Due to.....

Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations.....

Of autopsy.....**refused**
 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) (e) Means of injury.....

23. Signature.....**Louis G. Medves** (M. D. or other)
 Address.....**1515 Lafayette Avenue** Date signed.....**6/29/42**

(Licensed Embalmer's Statement on Reverse Side)

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

000
17
9

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 Frank J. Owens

Licensed Embalmer No. 3245

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.