

Registration District No.

818

Primary Registration District No.

1003

Registrar's No.

320

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:
Hamer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days
Specify whether
In this community 20 yrs
years, months or days

3. (a) PRINT FULL NAME Lucy Dixon

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

4. Sex Female 5. Color or race Col
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 Nov., 24 1965
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 1 15 hr. min.

9. Birthplace Madisonville Ky. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

MOTHER FATHER

11. Industry or business
12. Name Charlie Pritchett
13. Birthplace Madisonville Ky. 1
(City, town, or county) (State or foreign country)
14. Maiden name Josie Goodlow
15. Birthplace Madisonville Ky. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Alex Dixon
(b) Address 2827^a Stoddard ST.
17. (a) Burial (b) Date thereof 1-14-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Pk Cem.

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

19. (a) JAN 19 1943 (Date received local registrar)
J. F. Bradock (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. 2827^a Stoddard ST.
(If rural, give location)
(e) Citizen of foreign country? — (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9
year 1943 hour 41 minute 55 A.M.

21. I hereby certify that I attended the deceased from
....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia, fracture of right femur; suffered when she fell down a flight of steps at her home, leading from front door to sidewalk, about 8:30 AM, Jan. 4, 1943. ACCIDENT.

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) ACCIDENT
(b) Date of occurrence 1-4-1943
(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
home

While at work? (Specify type of place)
(c) Means of injury
23. Signature Thomas J. Callahan (M. D. or other)
Address Deputy Coroner Date signed 1-10-43

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

MOTHER FATHER

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

L. Bayne

Registered Apprentice No.

my

working under my personal supervision.

Signed

Linnie Bayne

Licensed Embalmer No.

2946

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.