

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

APR 23 1943

318

Primary Registration District No. 1003

Registrar's No. 3424

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

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

(d) Length of stay: In hospital or institution 2 mos. 8 days
(Specify whether years, months or days)

In this community 37 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL") 9 17

(d) Street No. 3000 Lafayette
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Mary Dixon

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

4. Sex Female 5. Color or race W 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 Feb 18 1873
(Month) (Day) (Year)

8. AGE: Years 70 Months 1 Days 19 If less than one day hr. min.

9. Birthplace Memphis Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business.....

12. Name Robert Perkins

13. Birthplace Memphis Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Mary ?

15. Birthplace Memphis Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant Edwin F. Saunders

(b) Address 4300 St. Ferdinand

17. (a) Burial (b) Date thereof 4-12-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. F. Budeck

(b) Address 3133 Belle and

19. (a) APR 12 1943 J. F. Budeck
(Date received local register) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7,
year 1943 hour 8 minute 20 P. M.

21. I hereby certify that I attended the deceased from January
27, 1943, to April 7, 1943
that I last saw her... alive on April 7, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease Duration Unk.

Due to.....

Due to..... 93

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 Alva Mose (M. D. or other).....

Address 2601 W. Hunter Date signed.....

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. *2498*

P. O. Address *2769 Charlewood*

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.