S. No. 2
M—2-43
—17-39

FILED JUN 25 1943

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22370

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1464

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

1. PLACE OF DEATH:

(a) County St. Louis Fourssant

(b) City or town St. Ferdinand Twp. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Bellefontaine Farm 3 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community About 1 month years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 539 S. 23rd St. 9 (If rural, give location) 1

(e) Citizen of foreign country? (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Cornelius Dixon

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Colored

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April (Month) 8 (Day) 1928 (Year)

8. AGE: Years 15 Months 2 Days 12 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Student

11. Industry or business

FATHER
12. Name Leon Dixon
13. Birthplace 539 S. 23rd, St. Louis, Mo. 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Moore
15. Birthplace Forest City (City, town, or county) Arkansas 1 (State or foreign country)

16. (a) Informant Leon Dixon

(b) Address 539 S. 23rd, St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6.26-43 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director ATKINS Bros

(b) Address 3644 Finney Ave

19. (a) 6-24-43 (Date received local registrar) (b) C.G. McGauran MD (Registrar's signature) 45

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20 year 1943 hour 4 minute P 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 Drowned while swimming in creek.

Due to Frothy fluid in major air passage; Edema of lungs.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Yes.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

183-3
36

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 096

(b) Date of occurrence June 20, 1943

(c) Where did injury occur? Bellefontaine Farm (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Penal institution (Specify type of place)

While at work? (e) Means of injury

23. Signature Louis H Bopp Carolyn (M.D. or other)

Address Kirkwood, Mo. 6-21-43 Date signed

707

(Licensed Embalmer's Statement on Reverse Side)

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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney A

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.