

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED NOV 16 1943

318

1003

Registrar's No. 9744

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County ST LOUIS
(b) City or town ST LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
620 N. BEAUMONT AVE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community 33 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____
(c) City or town ST LOUIS 21
(If outside city or town limits, write "RURAL")
(d) Street No. 620 N. BEAUMONT AVE
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) 7
If yes, name country _____

3. (a) PRINT FULL NAME MARIE DIXON

3. (b) If veteran, name war NO 3. (c) Social Security No. 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 4 28 1895
(Month) (Day) (Year)

8. AGE: Years 48 Months 6 Days 3 If less than one day hr. _____ min. _____

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

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name JOSH OSBORNE

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

14. Maiden name CARRIE GAINES

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

16. (a) Informant Florence Crawford

(b) Address 620 N. Beaumont

17. (a) Burial (b) Date thereof 11-6-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood

18. (a) Signature of funeral director Benjamin Lane
(b) Address 3103 Washington

19. (a) NOV 6 1943 (b) J. F. Budick
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day Nov
year 1943 hour 2 AM minute _____ M.
21. I hereby certify that I attended the deceased from Oct 4 1943 to Nov 1 1943
that I last saw him alive on Oct 27 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Endocarditis

Due to Rheumatism

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

Major findings: Of operations _____
Of autopsy _____

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 C. E. Emerson (M. D. or other) _____
Address 3470 Easton Date signed _____

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4219th E. Taylor

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.