

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:
 (a) County _____
 (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 8 days
(Specify whether)
 In this community 31 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 19
 (c) City or town St. Louis,
(If outside city or town limits, write "RURAL") 920
 (d) Street No. 2833 Madison
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Julia Dixon
 3. (b) If veteran, name war _____
 3. (c) Social Security No. NOISE

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 16,
 year 1944 hour 5 minute 00 P. M.
 21. I hereby certify that I attended the deceased from July
8, 1944 to July 16, 1944
 that I last saw h. er alive on July 16, 1944
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race negro
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Clinton Dixon
 6. (c) Age of husband or wife if alive 57 years
 7. Birth date of deceased _____
(Month) (Day) (Year)

Immediate cause of death Carcinoma of the Gall Bladder
 Duration Unk.

8. AGE: Years abt 60 Months - Days -
 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

9. Birthplace _____
(City, town, or county) (State or foreign country)
 10. Usual occupation House Wife
 11. Industry or business _____
 12. Name Ike Walson
 13. Birthplace Miss
(City, town, or county) (State or foreign country)
 14. Maiden name unknown
 15. Birthplace Miss
(City, town, or county) (State or foreign country)

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 16. (a) Informant Clinton Dixon
 (b) Address 2833 Madison St
 17. (a) Burial (b) Date thereof 7-18-44
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Washington Park
 18. (a) Signature of funeral director Arthur Moore
 (b) Address 3644 Finney Ave
 19. (a) JUL 18 1944 J. F. Bedeck
(Date received local registrar) (Registrar's signature)

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 Moore (M. D. or other) _____
 Address 2601 W. Hunter Date signed 7/17/44

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

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. *3842*

P. O. Address *3644 Finley Dr*

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.