

S. No. 2
 M-8-43
 v. 5-17-39
 P-1 X37823

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 211

FILED JAN 20 1945 318

1003

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 160

1. PLACE OF DEATH:

(a) County _____
 (b) City or town city of St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
6712 Vermont Ave.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community life _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town city of St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 6712 Vermont
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

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3. (a) PRINT FULL NAME Robert L. Dixon

3. (b) If veteran, name war none
 3. (c) Social Security No. _____

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Laura Dixon
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 13 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>10</u>	<u>21</u>	_____ hr. _____ min.

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

10. Usual occupation bank clerk

11. Industry or business retired 8 years

12. Name Hannibal Dixon

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

14. Maiden name Emily Rhodus

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

16. (a) Informant Eugene R. Dixon

(b) Address 6712 Vermont

17. (a) burial (b) Date thereof 1-8-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director _____
 (b) Address 6822 So. Grand Blvd.

19. (a) JAN 8 1945 (Registrar's signature) J. F. Breach
(Date received local Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 4th
 year 1945 hour 6:30 minute _____ a. m.

21. I hereby certify that I attended the deceased from 1-4-45 to 1-4-45, 19____

that I last saw him alive on 1-4-45, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
 Duration _____

Due to _____

Due to _____

Other conditions AK
(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? _____

While at work _____
(Specify type of place) (e) Means of injury

23. Signature [Signature] (M. D. or other) _____

Address [Address] Date signed 1-5-45

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Virgil L. Berryman*.....

..... Licensed Embalmer No..... *4018*.....

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.