

U.S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21841

State File No.

FILED JUL 20 1945  
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6013

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

1. PLACE OF DEATH:

(a) County St. Louis Mo.

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

(c) Name of hospital or institution: Sutherland Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days  
(Specify whether)

In this community Victoria S. Dix  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo

(b) County Jefferson Cr.

(c) City or town Herculaneum  
(If outside city or town limits, write "RURAL")

(d) Street No. N.R.  
(If rural, give location)

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

3. (a) PRINT FULL NAME Victoria S. Dix

3. (b) If veteran, name war /

3. (c) Social Security No. /

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Ed Dix

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased May 7 1879  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>2</u>	<u>1</u>	hr. min.

9. Birthplace Prairie Du Rocher Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Wm Sutherland

13. Birthplace St. Genevieve Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Lila Stone

15. Birthplace Prairie Du Rocher Ill.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ed Dix

(b) Address Herculaneum Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-12-45  
(Month) (Day) (Year)

(c) Place: burial or cremation Herculaneum Mo.

18. (a) Signature of funeral director Fink and Co.

(b) Address Leasus Mo.

19. (a) JUL 11 1945 (b) J. F. Bradesh  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 8 day, year 1945 hour 11 minute 00 P.M.

21. I hereby certify that I attended the deceased from July 6, 1945, to July 8, 1945, that I last saw her alive on July 8, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death

Intestinal Obstruction due to Incarcerated Incisional Hernia 2 days

Due to Hypertension ?

Due to Myocardial disease ?

Other conditions 1/22  
(Include pregnancy within 3 months of death)

Major findings: Intestinal Obstruction

Of operations Involving small bowel due to Incarcerated Hernia

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 J. Lamin Hutton (M. D. or other) M. D.

Address J. Lamin Hutton Date signed 7/9-45

ANG 2 1945

**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 Eleana Province

Licensed Embalmer No. 2403

P. O. Address Fester 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.**