FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 6 1948

Registration District No. 517

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 21674

Registrar's No. 1409

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 Days (Specify whether
In this community 21 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED: 62
(a) State Missouri (b) County Madison
(c) City or town Marquand 0
(If outside city or town limits, write "RURAL")
(d) Street No. - 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME DIXON, Walter
3. (b) If veteran, name war WW-1
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Etta Mae
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased January (Month) 25 (Day) 1893 (Year)

8. AGE: Years 55 Months 4 Days 9 If less than one day hr. min.

9. Birthplace Salem, (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Unavailable 0
13. Birthplace " (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name Unavailable 0
15. Birthplace " (City, town, or county) (State or foreign country) 1
16. (a) Informant Registrar, VA Hospital
(b) Address Jefferson Barracks, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-7-48 (Month) (Day) (Year)
(c) Place: burial or cremation Fredericktown Mo
18. (a) Signature of funeral director Rowland Mortuary Service
(b) Address 4104 Manchester, St. Louis, Mo.
19. (a) 6-7-48 (Date received local registrar) (b) Cecil A. Sharp MD (Registrar's signature) MS

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
year 1948 hour 3:15 minute A. M.

21. I hereby certify that I attended the deceased from May 14, 1948 to June 4, 1948
that I last saw him alive on June 4, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death BRONCHIAL ASTHMA, PULMONARY FIBROSIS, CARDIAC DECOMPENSATION	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No Autopsy performed

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) None
(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 Emmett D. Wall, (M. D. or XXXX)
Address Jefferson Barracks, Mo. Date signed 6/4/48

Jefferson City Printing Co.

(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 Howard F. Rowland

Licensed Embalmer No. 3114

P. O. Address: St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.