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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

27644

#87512
FILED SEP 13 1948
318

State File No. _____
Registrar's No. 7517

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
 (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:
St. Louis City Hospital - Max C. Starkloff
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 30 hours
(Specify whether)

In this community _____
 years, months or days

3. (a) PRINT FULL NAME JOHN DIX

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Elva Dix 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased 1 - 3 - 1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>7</u>	<u>22</u>	hr. _____ min. _____

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

10. Usual occupation Blk Printer

11. Industry or business Mo. Jewelers Sign Co.

12. Name Charles Dix

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

14. Maiden name Julia Dix

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

16. (a) Informant Elva Dix

(b) Address 19^a N. Sarah St

17. (a) Burial (b) Date thereof 8 - 28 - 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Truth Center Mortuary

(b) Address 4024 Lindell Blvd

19. (a) AUG 27 1948 (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gas
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 19^a N. Sarah St
Memorial (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 25th
 year 1948 hour 8 minute 20 P. M.

21. I hereby certify that I attended the deceased from 8/23/48
 _____, 19____, to Aug. 25th, 1948

that I last saw him alive on Aug. 25th, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration

Due to Cerebral Arteriosclerosis

Due to _____

Other conditions None
(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? _____

(Specify type of place) _____ (e) Means of injury _____

23. Signature J. F. Braddock 8/20/48 or other _____
(Date received local registrar)

Address _____ Date signed _____

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 _____

Licensed Embalmer No. 3917

P. O. Address St Louis

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.