

FILED MAR 31 1950 **STANDARD CERTIFICATE OF DEATH**

State File No. **11479**

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>6076</b>		Registrar's No. <b>666</b>			
1. PLACE OF DEATH a. COUNTY <b>St. Louis County</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) <b>Manchester</b>		c. LENGTH OF STAY (In this place) <b>3</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		d. STREET ADDRESS (If rural, give location) <b>6655 Fyler Avenue.</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pinecrest Nursing Home</b>				3. NAME OF DECEASED a. (First) <b>Edna</b> b. (Middle) _____ c. (Last) <b>Dixon</b>					
4. DATE OF DEATH (Month) (Day) (Year) <b>March 13 1950</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>			
8. DATE OF BIRTH <b>Sept 10 1880</b>		9. AGE (In years last birthday) <b>69</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		11. BIRTHPLACE (State or foreign country) <b>Bonne Terre, Missouri</b>			
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>At Home</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Flavioun Poston</b>			
13b. MOTHER'S MAIDEN NAME <b>Sarah Shateau</b>		14. NAME OF HUSBAND OR WIFE <b>Everett Dixon</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No Nil</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>			
17. INFORMANT'S SIGNATURE OR NAME <b>Luther Poston - Bonne Terre, Mo.</b>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis</b> ANTECEDENT CAUSES Mortib conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>nephritis</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>593X</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)			
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME (Month) (Day) (Year) (Hour) (Min) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21f. HOW DID INJURY OCCUR		22. I hereby certify that I attended the deceased from <b>8/28 1948</b> to <b>3-13 1950</b> , that I last saw the deceased alive on <b>3-13 1950</b> , and that death occurred at <b>11:05AM</b> , from the causes and on the date stated above.		23a. SIGNATURE <b>P. B. Cappel</b> (Degree or title)		23b. ADDRESS <b>3284 Franklins Ave.</b>			
23c. DATE SIGNED <b>3-13-50</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3-15-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bonne Terre</b>			
24d. LOCATION (City, town, or county) (State) <b>Bonne Terre, Missouri.</b>		DATE REC'D BY LOCAL REG. <b>3-14-50</b>		REGISTRAR'S SIGNATURE <b>Herbert B. Dombek</b>		FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b> ADDRESS <b>4700 Washington</b>			

(Licensed Emballer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 Me

working under my personal supervision.

Student Embalmer No.....

Signed Guy W. Wilkinson

Signed.....  
Student Embalmer

Licensed Embalmer No. 3575

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.