

FILED JUN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22185

State File No.

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3063** Registrar's No. **1456**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maplewood 48th St	
c. LENGTH OF STAY (In this place) 4 hrs.		d. STREET ADDRESS (If rural, give location) 7524 Woodlawn	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Louis Co. Hosp.			

3. NAME OF DECEASED (Type or Print) MADGE		a. (First)		b. (Middle)		c. (Last) DIXON		4. DATE OF DEATH (Month) (Day) (Year) June 10 1950					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH May 21st 1903		9. AGE (In years last birthday) 47		IF UNDER 1 YEAR Months 0 Days 19		IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) ILL.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME Wm. Carpenter			13b. MOTHER'S MAIDEN NAME Laura Leppler			14. NAME OF HUSBAND OR WIFE John Dixon		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 491-26-1739		17. INFORMANT'S SIGNATURE OR NAME John Dixon		ADDRESS 7524 Woodlawn	
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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						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		ANTECEDENT CAUSES		DUE TO (b) Arteriosclerotic Heart Disease			
				DUE TO (c) Diabetes mellitus		II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420.0				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 OF INJURY (Month) (Day) (Year) (Hour)		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 June 10, 1950, to June 10, 1950, that I last saw the deceased alive on June 10, 1950, and that death occurred at 10:20 a.m., from the causes and on the date stated above.

23a. SIGNATURE R.P. Cole (Degree or title) M.D.		23b. ADDRESS 601 S. Brentwood Clayton Mo.		23c. DATE SIGNED 6-10-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/12/50		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo	

DATE REC'D BY LOCAL REG. JUN 11 1950		REGISTRAR'S SIGNATURE Hubert R. ...		25. FUNERAL DIRECTOR'S SIGNATURE J.P. Smith		ADDRESS 7456 Manchester Maplewood	
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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.....

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

Ronald O Yehruke

Licensed Embalmer No. *3917*

P. O. Address *Phenix, 107*

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.