

FILED FEB 16 1951

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>1109</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>ST. LOUIS - Mo</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>		c. LENGTH OF STAY (In this place) <u>12 HOURS</u>		a. STATE <u>Mo</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>		c. LENGTH OF STAY (In this place) <u>12 HOURS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL</u>		b. COUNTY <u>JEFFERSON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. ANTHONY HOSP.</u>				d. STREET ADDRESS (If rural, give location) <u>NEAR # GLEN PARK MO</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)				
a. (First) <u>JAMES EDWARD</u>			b. (Middle) <u>DIXON</u>			c. (Last) <u>JR.</u>	
5. SEX <u>M. O</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>		8. DATE OF BIRTH <u>OCT 16, 1949</u>	
9. AGE (In years last birthday) <u>1</u>		IF UNDER 1 YEAR Days <u>2</u>		IF UNDER 1 YEAR Months <u>18</u>		IF UNDER 1 YEAR Hours <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NIL</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>JAMES DIXON</u>			13b. MOTHER'S MAIDEN NAME <u>MILDRED GORDON</u>			14. NAME OF HUSBAND OR WIFE <u>---</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		15. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>JAMES DIXON R.R. 1 PEVELY MO</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobular pneumonia (concurrent - rt. lung) (probable virus)</u>		ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
DUE TO (b) <u>---</u>		DUE TO (c) <u>Congenital Heart (septal defect.)</u>					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>mongolism</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>1574#</u>			
22. I hereby certify that I attended the deceased from <u>Feb 3, 1951</u> , to <u>Feb 4, 1951</u> ; that I last saw the deceased alive on <u>Feb 4, 1951</u> , and that death occurred at <u>12:08</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>George A. O'Sullivan, M.D.</u>			23b. ADDRESS <u>421 W. Schumaker</u>			23c. DATE SIGNED <u>2-4-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>FEB 6, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HERCULANEUM</u>		24d. LOCATION (City, town, or county) (State) <u>HERCULANEUM MO</u>	
DATE REC'D. BY LOCAL <u>FEB 5 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Lasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>HEILIGTAG FUNERAL HOME RIMMSWICK MO</u>			

FEB 16 1951

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed.....
Student Embalmer

Signed *Arthur W. Hildinger*

Licensed Embalmer No. *38725*

P. O. Address _____

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.