

FILED JUN 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17988

State File No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4821

947

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2069</u>	
c. LENGTH OF STAY (In this place) <u>2 weeks</u>		STREET ADDRESS (If rural, give location) <u>1473 Laurel Street.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Park Lane Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>ROBERT</u> c. (Last) <u>DIXON SR.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 22, 1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 12, 1888</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Prosthetist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>J.E. Hanger Co., Inc.</u>	9. AGE (In years last birthday) <u>62</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>New Orleans, Louisiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Richard G. Dixon</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Marcelle Rose Dixon.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u>		16. SOCIAL SECURITY NO. <u>489-01-9216</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Richard G. Dixon, 9617 Midland Ave.</u>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sub Dural Hematoma</u> INTERVAL BETWEEN ONSET AND DEATH <u>6-9 weeks</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fall down cellar steps</u> DUE TO (c) <u>Refused Operation</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Heavy Drinker 0.1 L. m. daily</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>Found by Autopsy</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>St Louis</u>	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>St Louis</u> <u>St Louis</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 1 1951 8 m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Fall down cellar steps 7/1</u>			
22. I hereby certify that I attended the deceased from <u>May 7, 1951</u> , to <u>May 22, 1951</u> , that I last saw the deceased alive on <u>May 22, 1951</u> , and that death occurred at <u>1:20 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. E. Cochran M.D.</u>		23b. ADDRESS <u>830 W. Kings Highway</u>	
23c. DATE SIGNED <u>5-23-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>		24b. DATE <u>May 25, 1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>MAY 23 1951</u> <u>J. B. Hester</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Shepard Funeral Home, 1167 Hamilton Ave.</u>	

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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 *John J. Haines*
.....
Licensed Embalmer No. *4108*

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.