

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9886

State File No.

2000

FILED MAR 24 1952

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2219			
d. FULL NAME OF HOSPITAL OR INSTITUTION 819a N.20th		d. STREET ADDRESS (If rural, give location) 819a N.20th					
3. NAME OF DECEASED (Type or Print) a. (First) Emma		b. (Middle)		c. (Last) Dixon			
4. DATE OF DEATH (Month) (Day) (Year) Feb. 29 52		5. SEX F 3		6. COLOR OR RACE Negro			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 28, 1879		9. AGE (In years last birthday) 72			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Louis, Mo			
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Harrison Barbour		13b. MOTHER'S MAIDEN NAME Emma			
14. NAME OF HUSBAND OR WIFE Caleb Dixon		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None			
17. INFORMANT'S SIGNATURE OR NAME Lora M. Parks		ADDRESS 819a N.20th					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) Myocarditis II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION No				20. AUTOPSY? YES <input 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? H2O2			
22. I hereby certify that I attended the deceased from 3-29 , 19 52 , to 2-29 , 19 52 , that I last saw the deceased alive on 2-28 , 19 52 , and that death occurred at 3:00a m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. Edwards M.D.		23b. ADDRESS 1936a Franklin		23c. DATE SIGNED 2-29-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-4-52		24c. NAME OF CEMETERY OR CREMATORY Washington Park			
24d. LOCATION (City, town, or county) (State) St. Louis county Mo.		DATE REC'D BY LOCAL REG. MAR 3 1952		REGISTRAR'S SIGNATURE Carl Smith M.D.			
25. FUNERAL DIRECTOR'S SIGNATURE Ed. Boone		ADDRESS 1221 N Grand					

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

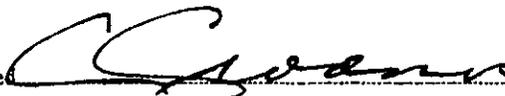
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 4755

P. O. Address 1221 N. Grand

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.