

STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 3 1953

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **0759**

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 township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		d. STREET ADDRESS (If rural, give location) 3136 Pine St.	
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Cordelia c. (Last) Dixon		4. DATE OF DEATH (Month) (Day) (Year) Jan. 21 1953	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 6, 1878
9. AGE (In years last birthday) 74		10. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Unknown	
11. BIRTHPLACE (City and State or Foreign Country) Georgia		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Dave Dixon		13b. MOTHER'S MAIDEN NAME Mattie Taylor	
14. NAME OF HUSBAND OR WIFE Robert Deloney		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Philander Deloney	
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. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease (Decompensated) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus (mild)		19. INTERVAL BETWEEN ONSET AND DEATH Undet.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES ☐ NO ☒		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	
21e. HOW DID INJURY OCCUR? 4200		22. I hereby certify that I attended the deceased from 12-4 , 1952 , to 1-21 , 1953 that I last saw the deceased alive on 1-21 , 1953 , and that death occurred at 6:30 P.M. , from the causes and on the date stated above.	
23. SIGNATURE (Degree or title) Charles F. Gandy, M.D.		23b. ADDRESS 2601 N Whittier St.	
23c. DATE SIGNED 1-22-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE Jan. 26, 1953		24c. NAME OF CEMETERY OR CREMATORY Washington Park	
24d. LOCATION (City, town, or county) (State) St. Louis, Co. Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Wm. Smith Funeral Home	
DATE REC'D BY LOCAL REG. JAN 22 1953		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	

G.P. (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. 4371

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.