

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5784	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St Louis		d. Is Residence within limits of a city of incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2427 L'Home				e. STREET ADDRESS (If rural, give location) 11 2427 Lafline 2119			
3. NAME OF DECEASED (Type or Print) a. (First) Emma b. (Middle) _____ c. (Last) Dixon			4. DATE OF DEATH (Month) (Day) (Year) 6-12-56				
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. AGE (In years last birthday) 1897 1892 About 25 58	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		10b. KIND OF BUSINESS OR INDUSTRY Labor		11. BIRTHPLACE (City and State or Foreign Country) Ark		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME Unknown			13b. MOTHER'S MARDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Alfonsia Dixon	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Marie Brown ADDRESS 2526 Blatter			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the sigmoid INTERVAL BETWEEN ONSET AND DEATH 2 yrs * ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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 153x				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19c. 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) (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from 7/6/56 to 12/17/56 that I last saw the deceased alive on 12/17/56 and that death occurred at 3 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE W. H. Seaton (Degree or title) _____				23b. ADDRESS 709 N. Jefferson		23c. DATE SIGNED June 18 1956	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-18-56		24c. NAME OF CEMETERY OR CREPATORY Washington Park		24d. LOCATION (City, town, or county) (State) St Louis Mo.	
DATE REC'D BY LOCAL REG. JUN 18 1956		REGISTRAR'S SIGNATURE J. Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE W. A. H. Burks ADDRESS 3506 Franklin			

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.....
Signature of Student Embalmer

Signed *Leroy E. Pannister*.....

Licensed Embalmer No. *452*

P. O. Address *2616 Garrison*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.