

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25367

State File No. _____

FILED AUG 14 1956

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>1819</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u> b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>CLAYTON</u> c. LENGTH OF STAY (in this place) <u>P.O.A.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>COUNTY HOSPITAL</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u> c. CITY OR TOWN <u>JENNINGS</u> <u>4148</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> STREET ADDRESS (If rural, give location) <u>5469 Helen</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLARENCE</u> b. (Middle) <u>E.</u> c. (Last) <u>DIX</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 29 1956</u>		5. SEX <u>M.</u> <u>W.</u>		6. COLOR OR RACE <u>W.</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>NOV. 10, 1898</u>		9. AGE (In years last birthday) <u>57</u> IF UNDER 1 YEAR Months <u>8</u> Days <u>19</u> IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PRESS OPERATOR</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>FACTORY</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>LEE DIX</u>	
13b. MOTHER'S MAIDEN NAME <u>MARY THOMPSON</u>		13c. NAME OF HUSBAND OR WIFE <u>SARAH DIX</u>		14. NAME OF HUSBAND OR WIFE <u>SARAH DIX</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>498-07-0883</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. SARAH DIX,</u>		17. INFORMANT'S SIGNATURE OR NAME <u>5469 HELEN</u>		ADDRESS	
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>Unknown natural causes</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u> </u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		7954	
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)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		21g. HOW DID INJURY OCCUR?		21h. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Herbert R. Donke</u> (Degree or title) <u>Herbert R. Donke, M.D., Local Registrar</u>				23b. ADDRESS <u>651 S. Brentwood Blvd.</u>		23c. DATE SIGNED <u>8/2/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-1-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>7-30-56</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donke M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>TANNER FUNERAL HOME</u>		ADDRESS	

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 *John S. Demme*
Licensed Embalmer No. *4194*
P. O. Address *St. Louis*

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.