

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39349

State File No. ....

FILED NOV 28 1956

10108

BIRTH NO. 41184-56 REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 1003 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS.</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>5 1/2 hours</u>		STREET ADDRESS (If rural, give location) <u>5149 CABANNE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS CHILDREN'S HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>GLORIA</u> b. (Middle) <u>N.M.N.</u> c. (Last) <u>DIXON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11 3 56</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>C</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>6-4-56</u>		9. AGE (In years last birthday) <u>4</u> IF UNDER 1 YEAR Months <u>4</u> Days <u>30</u> IF UNDER 12 HRS. Hours <u>30</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>—</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</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>LORON DIXON</u>		13b. MOTHER'S MAIDEN NAME <u>MATTIE JONES</u>		14. NAME OF HUSBAND OR WIFE <u>—</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ST. LOUIS CHILDREN'S HOSPITAL</u> ADDRESS <u>500 S. KINGS HIGHWAY</u>	
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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, pneumonia etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute dehydration</u>				INTERVAL BETWEEN ONSET AND DEATH <u>9 1/2 hours</u>	
		DUE TO (b) <u>Vomiting, Pneumonitis</u>				<u>9 1/2 hours</u>	
		DUE TO (c) <u>—</u>					
		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				20. AUTOPSY? YES <input checked="" 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)		<u>49.2X</u>	
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?			

22. I hereby certify that I attended the deceased from 11-3, 1956, to 11-3, 1956, that I last saw the deceased alive on 11-3, 1956, and that death occurred at 9:35 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W.H. Klingberg M.D.</u> (Degree or title)		23b. ADDRESS <u>500 S. KINGS HIGHWAY</u> <u>ST. LOUIS 10, MO.</u>		23c. DATE SIGNED <u>11-3-56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-6-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Father Dixon Cemetery St Louis Co Mo</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>NOV 5 1956</u>		REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ellis Funeral Home Inc</u> ADDRESS <u>2820 Stoddard St</u>			

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

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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.....  
Signature of Student Embalmer

Signed *Fulton S. Culkin*

Licensed Embalmer No. *4198*

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.