

FILED JUL 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26052

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5226

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		a. STATE Missouri b. COUNTY St. Louis	
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay 23 4870	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony's		d. STREET ADDRESS (If rural, give location) 10001 Lark Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) Bertrand b. (Middle) L. c. (Last) Dix, Sr.			4. DATE OF DEATH (Month) (Day) (Year) June 1, 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 18, 1904
9. AGE (In years last birthday) 52		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stationary Eng.	11. BIRTHPLACE (State or foreign country) St. Louis, Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stationary Eng.		10b. KIND OF BUSINESS OR INDUSTRY Anheuser-Busch	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Owen A. Dix		13b. MOTHER'S MAIDEN NAME Elizabeth Hecker	14. NAME OF HUSBAND OR WIFE Thelma
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 489053579	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Thelma Dix, 10001 Lark Ave.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gangrene & Perforation of Jejunum				14 hours
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		5 days
		DUE TO (b) Stomach Peritonitis		
		DUE TO (c) Acute Intestinal Obstruction		3 days
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 5/26/57	19b. MAJOR FINDINGS OF OPERATION Intussusception of Sigmoid Colon 5700		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)		
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?		

22. I hereby certify that I attended the deceased from May 20, 1957, to June 1, 1957, that I last saw the deceased alive on June 1, 1957, and that death occurred at 10:00 m., from the causes and on the date stated above.

23a. SIGNATURE OF REGISTRAR <i>J. Carl Smith M.D.</i>	(Degree or title) M.D.	23b. ADDRESS 7430 Virginia Avenue	23c. DATE SIGNED 6/3/57
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6/4/57	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	24d. LOCATION (City, town, or county) (State) Lemay 23, Mo.
DATE REC'D BY LOCAL REG. JUN 4 '57	REGISTRAR'S SIGNATURE <i>J. Carl Smith M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>W. H. ...</i> ADDRESS 7430 Michigan	

(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

W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7430 Michigan

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.