

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011186
State File No.

FILED MAR 31 1958

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 78

0923

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

1. PLACE OF DEATH a. COUNTY <u>St Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Charles</u>		c. LENGTH OF STAY (in this place) <u>20 yrs</u>	c. CITY OR TOWN <u>St Charles</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>1105 No. Benton St</u>	

0923

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ralph</u> b. (Middle) <u>L</u> c. (Last) <u>Dix</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 24 1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 28 1896</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Factory</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Louis Dix</u>		13b. MOTHER'S MAIDEN NAME <u>Ruth Cleaver</u>		14. NAME OF HUSBAND OR WIFE <u>Laura Dix</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>WWI</u>		16. SOCIAL SECURITY NO. <u>494-08-9665</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Laura Dix St Charles Mo</u>	

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) <u>Pneumonia</u>				<u>2 wk</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Bronchial asthma</u>		<u>10 yr</u>	
*This does not mean the mode of dying, such as heart failure, atherosclerosis, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>Emphysema</u>		<u>10 yr</u>	
II. OTHER SIGNIFICANT CONDITIONS		<u>arteriosclerotic Heart Disease</u>		<u>5 yr</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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 <u>Sept</u> , 19 <u>52</u> , to <u>March</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>March 24</u> , 19 <u>58</u> , and that death occurred at <u>5:55 P</u> m., from the causes and on the date stated above.					

23a. SIGNATURE <u>W.A. Jaggemier</u> (Print name or title)		23b. ADDRESS <u>St Charles, Mo</u>		23c. DATE SIGNED <u>March 27, 1958</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/27/58</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Johns Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>St Charles Mo.</u>	

DATE REC'D BY LOCAL REG <u>MAR 27 58</u>		REGISTRAR'S SIGNATURE <u>Margaret Wilson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Arthur C. Bann Funeral Home St Charles</u>	
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APR 4 1958
APR 7 1958

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 *Arthur B. Lane*

Licensed Embalmer No. *3133*

P. O. Address *St. Charles*

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.