

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-012510

FILED VS APR 4 1960 1210694

SL 19264

STATE FILE NUMBER

Registration District No.

Primary Registration District No.

Registrar's No.

2 2340

DEED

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY St. Louis			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.			Length of stay in 1b 11 DAYS		c. CITY OR TOWN PINE LAWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET ADM HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 4005 BEACHWOOD AVENUE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last FORNEY FRANCIS DIXON				4. DATE OF DEATH Month Day Year FEBRUARY 28, 1960			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1-23-96	9. AGE (last birthday) 64		IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DECORATOR			10b. KIND OF BUSINESS OR INDUSTRY BOWLING GREEN, MISSOURI		11. BIRTHPLACE (City and state or country) USA		
13a. FATHER'S NAME WILLIAM J. DIXON			13b. MOTHER'S MAIDEN NAME LUCY BILERO		14. NAME OF HUSBAND OR WIFE IRENE R. DIXON		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI			16. SOCIAL SECURITY NO. 489-14-3747		17. INFORMANT IRENE DIXON, 4005 BEACHWOOD AVE.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONGESTIVE HEART FAILURE			DUE TO (b) RHEUMATIC HEART DISEASE			DUE TO (c) 416x	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) BRONCHOPNEUMONIA; DIABETES MELLITUS			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. Attended the deceased from 2-17-60 to 2-28-60 and last saw him ^{her} alive on 2-28-60 Death occurred at 4:05 p. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>ANDREA FRITSCH</i> (Degree or title) M.D.			22b. ADDRESS VAH, ST. LOUIS, MO.			22c. DATE SIGNED 2-28-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE March 2, 1960		23c. NAME OF CEMETERY OR CREMATORY Laurel Hill		23d. LOCATION (City, town, or county) (State) St. Louis County Missouri	
24. FUNERAL DIRECTOR BUCHHOLZ MORT.-5967 W. Florissant Ave.				25. DATE RECD. BY LOCAL REG. FEB 29 1960		26. REGISTRAR'S SIGNATURE <i>Earl Smith M.D.</i> g.p	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 7 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W E Morris

Licensed Embalmer No. 336
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.