

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-042336

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10874**

STATE FILE NUMBER

AMENDED

FILED DEC 1 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		a. STATE Missouri b. COUNTY St. Louis	
c. FULL NAME OF (If NOT in hospital give location) HOSPITAL OR INSTITUTION St. Louis-Graves Rock Hospital, Inc.		d. STREET ADDRESS (If outside, give location) 1119 Meyer Ave.	

3. NAME OF DECEASED (Type or print) First **Otto** Middle **ERNST** Last **Dix**

4. DATE OF DEATH Month **November** Day **21** Year **1961**

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 8-19-1885	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) GERA, GERMANY	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE Anna Marie Dix
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	17. INFORMANT ERNST DIX 1119 MEYER CITY 5, MO	Address UNIVERSITY CITY 5, MO
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Myocardial infarction.** INTERVAL BETWEEN ONSET AND DEATH **9 days.**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **CORONARY THROMBOSIS, ACUTE**

DUE TO (c) **4201**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Hemiplegia, left (acc)**

PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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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
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21. I attended the deceased from **Nov. 13, 1961** to **Nov. 21, 1961** and last saw him alive on **Nov. 21, 1961**

Death occurred at **12:15 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. C. Freeman, M.D. (Degree or title)	22b. ADDRESS 1755 S. Grand Blvd.	22c. DATE SIGNED 11/21/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 11-24-1961	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK	23d. LOCATION (City, town, or county) (State) ST LOUIS COUNTY MO.
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24. FUNERAL DIRECTOR Dupton Funeral Home, St. Louis, Mo. ADDRESS	25. DATE RECD. BY LOCAL REG. NOV 22 1961	26. REGISTRAR'S SIGNATURE Roan Smith, M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

INSTEAD OF

ITEM NO. SHOULD READ

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address J. 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.