

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10605** - **51-042341**
 STATE FILE NUMBER

1. PLACE OF DEATH
 a. COUNTY
 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **MISSOURI** COUNTY
 c. CITY OR TOWN **SAINT LOUIS, MISSOURI** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No
1053 A SUBURBAN TRKS.

3. NAME OF DECEASED (Type or print) First Middle Last
LELA PATTERSON (DICKSON) DIXON

4. DATE OF DEATH Month Day Year
NOVEMBER 11, 1961

5. SEX **FEMALE** 6. COLOR OR RACE **NEGRO** 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH **4-14-10** 9. AGE (last birthday) **51**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **SPRAY PAINTER** 10b. KIND OF BUSINESS OR INDUSTRY **NONE** 11. BIRTHPLACE (City and state or country) **GOLDDUST, TENN.** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **WILL PATTERSON** 13b. MOTHER'S MAIDEN NAME **MINNE BELL HUDDLESTON** 14. NAME OF HUSBAND OR WIFE **--**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **NO** 17. INFORMANT Address **ST. LOUIS, ALICE MOORE, 2644 HICKORY, / MO.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Fracture of skull, basal, right side in the anterior fossa; Cirrhosis of liver.**
 DUE TO (b) **suffered in apparent face down steps of home**
 DUE TO (c) **on or about November 11, 1961.**

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OR RELATED TO THE terminal disease condition given in PART I (e) **900.0-21**

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

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year
 a.m. p.m. **11-11-61**

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **05 Home** 20f. CITY, TOWN, OR LOCATION **St. Louis, Mo** COUNTY STATE

21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
 Death occurred _____ of the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **[Signature]** 22b. ADDRESS **1300 Clark** 22c. DATE SIGNED **11-15-61**

23a. BURIAL, CREATION, REMOVAL (Specify) **BURIAL** 23b. DATE **11-18-61** 23c. NAME OF CEMETERY OR CREMATORY **FATHER DICKSON CEM.** 23d. LOCATION (City, town, or county) (State) **ST. LOUIS COUNTY, MO.**

24. FUNERAL DIRECTOR ADDRESS **McCLAIN FUNERAL HOME, 2812 CASS** 25. DATE RECD. BY LOCAL REG. **NOV 15 1961** 26. REGISTRAR'S SIGNATURE **[Signature]**

DATE AWKWARD
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT 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 Wallace R. Williams

Licensed Embalmer No. 4926

5135 Lotus
P. O. Address

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.