MAR 5 - 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

File No. 8724
Registered No. 2186

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St. Louis (No. 3675 Castleman Avenue St. ..... Ward)

2. FULL NAME JOSEPH J. DIX

(a) Residence, No. 3675 Castleman Avenue St., 17 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hattie E. Dix (Gardner)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 29, 1860

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
76	7	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Power Engineer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired.

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST Louis, Mo.

FATHER

13. NAME Owen K Dix.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER

15. MAIDEN NAME Louise Neal.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Mrs Phil E. Briscoe.
(ADDRESS) 4235 Flora Blvd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mount Lebanon. DATE Feb 1, 1937.

19. UNDERTAKER Math Hermann & Son.
(ADDRESS) 2161 East Fair Ave.

20. FEB 23 1937 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29, 1937 19

22. I HEREBY CERTIFY, That I attended deceased from June, 1936 to Jan 29th, 1937
I last saw him alive on Jan 27, 1937. Death is said to have occurred on the date stated above, at 1210 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial failure due to Chronic Myocarditis	years ago
Other contributory causes of importance: Asthma	years ago

Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Arnold J. Klein, M. D.
(Address) 2632 Kingshighway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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