REC'D MAY 10 1939

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

12878
Do not use this space.

1. PLACE OF DEATH Isolation Hospital

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 3220

(c) City or Town St. Louis, Mo. (d) Street No. 5600 Arsenal, Isolation Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? 2 yrs. 4 mos. 14 ds.

2. PRINT FULL NAME 250 Lucy Jean Dixon

(a) Residence, No. 14 South Theresa St. 18
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	Colored	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF xxxx

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 20, 1936

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	2	4	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Nil

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St Louis, (STATE OR COUNTRY) Missouri.

FATHER

13. NAME Howard Dixon

14. BIRTHPLACE (CITY OR TOWN) ? Warren, (STATE OR COUNTRY) Ark.

MOTHER

15. MAIDEN NAME Carrie Dozier

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

17. INFORMANT MG. Barry (ADDRESS) 5600 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson DATE 4/5 th 19

19. FUNERAL DIRECTOR (NAME) Houston's Fun Home (ADDRESS) 2812 Thomas, St, St Louis,

20. FILED APR 5 1939 J. F. Budde Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1939, to April 3, 1939

I last saw her alive on April 3, 1939 Death is said to have occurred on the date stated above, at 9:45 A. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pertussis	

Other contributory causes of importance:

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? ..... 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? .....

If so, specify .....

No. (Signed) Geo. A. Boyle M.D., M. D.

(Address) 5600 Arsenal St.

(Licensed Embalmer's Statement on Reverse Side)

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.

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 R.C.Houston ,Jr, Registered Apprentice No. working under my personal supervision.

Signed R C Houston Jr

Licensed Embalmer No. 2266.

P. O. Address 2812 Thomas,St,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.