

Registration District No. 791
1003

Primary Registration District No. _____

Registrar's No. 5294

1. PLACE OF DEATH:

(a) County _____
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2652 Delmar Blvd. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution --
(Specify whether
In this community --
years, months or days)

3. (a) PRINT FULL NAME Ben Dixon

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Cora 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased August 3 1883
(Month) (Day) (Year)

8. AGE: Years 55 Months 10 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Rosedale, Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business W. P. A.

12. Name James Dixon

13. Birthplace Unavailable
(City, town, or county) (State or foreign country)

14. Maiden name Martha Looney

15. Birthplace Columbus, Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Cora Dixon

(b) Address 2652 Delmar Blvd.

17. (a) Burial (b) Date thereof 6/13/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Charles J. Gates

(b) Address 4107-09 Finney Avenue

19. (a) JUN 13 1939 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ---
(c) City or town Saint Louis
(If outside city or town limits, write "RURAL") 21
(d) Street No. 2652 Delmar Blvd.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10th
year 1939 hour 3:00 minute _____ a. m.

21. I hereby certify that I attended the deceased from May 29, 1939
_____ 19____ to June 10th, 1939
that I last saw him alive on June 10th, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to Hypertension

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations No operation

Of autopsy No autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature M. G. Mueller (M. D. or other) _____
Address 2335a Franklin Ave. Date signed _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Form 17-39
REV. 1-1-39

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.

23300
James A. Johnson

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.....
James A. Johnson....., Registered Apprentice No.....
working under my personal supervision.

Signed James A. Johnson.....
Licensed Embalmer No..... 3522.....
P. O. Address..... 4107 Finney Ave......

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