

FILED OCT 9 1943 17

Registration District No. 1943 17

Primary Registration District No. 6076

Registrar's No. 2247

1. PLACE OF DEATH:

(a) County Kinloch *St. Louis*
(b) City or town St. Louis
(c) Name of hospital or institution: Old Folks Home
(If not in hospital or institution, write street number or location) 5
(d) Length of stay: In hospital or institution. _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Kinloch #196
(c) City or town Old Folks Home
(If outside city or town limits, write "RURAL")
(d) Street No. Old Folks Home
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Dixon

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

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

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

7. Birth date of deceased. April 4 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 5 26 _____ hr. _____ min.

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

10. Usual occupation nil

11. Industry or business _____

MOTHER FATHER { 12. Name Ben Larken
13. Birthplace Alabama
(City, town, or county) (State or foreign country)
14. Maiden name Rosie Smith Roberson
15. Birthplace Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Hill Roberson

(b) Address 4142 Third St. Fire-works Station, E. St. Louis

17. (a) Burial Washington Park 10-6-43
(Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director Dement & Son

(b) Address 2629-31 Cole Street

19. (a) 10-5-43 (b) C. J. McLarny, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 1
year 1943 hour 6 minutes _____ M.

21. I hereby certify that I attended the deceased from Sept 26 1942
to Oct 1 1943
that I last saw him alive on Oct 1 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 1 week

Due to _____

Due to _____

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

Major findings: Of operations _____
Of 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 J. J. Roney (M. D. or other) M.D.
Address St. Kinloch Park Date signed 10/5/43

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

96
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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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *William Claude Gordon*
Licensed Embalmer No..... *3489*
P. O. Address..... *4575 Aldine*

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, fact should be so stated above.