S. No. 2
OM—2-43
v. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38458

FILED NOV 17 1945

Registration District No. 77 Primary Registration District No. 6076 Registrar's No. 2573

1. PLACE OF DEATH:
(a) County: Saint Louis
(b) City or town: Jefferson Barracks, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: STATION HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 20 days (Specify whether years, months or days)
In this community: — — —

2. USUAL RESIDENCE OF DECEASED:
(a) State: Illinois (b) County: Saint Clair
(c) City or town: East St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No.: 667 N. 38th Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: ADLAI R. DIXON
3. (b) If veteran, name war: World War II
3. (c) Social Security No.: 332-05-810
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Roberta Dixon
6. (c) Age of husband or wife if alive: 26 years
7. Birth date of deceased: March 3, 1917 (Month) (Day) (Year)
8. AGE: Years 28 Months 8 Days 6 If less than one day hr. min.
9. Birthplace: E. St. Louis (City, town, or county) Illinois (State or foreign country)
10. Usual occupation: Electrician
11. Industry or business: Lowry Electric Co.
MOTHER FATHER
12. Name: Adlai S. Dixon
13. Birthplace: Belleville, Illinois (City, town, or county) (State or foreign country)
14. Maiden name: Mathilda Kopp
15. Birthplace: Columbia, Illinois (City, town, or county) (State or foreign country)
16. (a) Informant: Helen P. Marquand
(b) Address: E. St. Louis, Ill.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 11-9-45 (Month) (Day) (Year)
(c) Place: ~~Burial or cremation~~ E. St. Louis, Ill.
18. (a) Signature of funeral director: [illegible]
(b) Address: E. St. Louis, Ill.
19. (a) 11-10-45 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 9 year 1945 hour 6 minute 30 A. M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Glomerular nephritis	
Due to: 130	
Due to:	
Other conditions: Uremia (Include pregnancy within 3 months of death) Bronchopneumonia - terminal	
Major findings: Of operations:	
Of autopsy: Same as above	

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

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? (Specify type of place)
While at work? Means of injury
23. Signature: Lucien F. Ide (M. D. or other) MC
Address: Sta. Hosp., Jefferson Bks., Mo. Date signed 11/9/1945

707 (Licensed Embalmer's Statement on Reverse Side)

DEC 1 1945

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.....

Licensed Embalmer No. 3162

P. O. Address E St Louis Ill

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.