

No. 2  
4-5-43  
5-17-39  
I X36671

**FILED** AUG 27 10 AM

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: CITY HOSPITAL 0  
(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 JAMES ARTHUR DIXON

3. (b) If veteran, name war NO

3. (c) Social Security No.

4. Sex MALE 9

5. Color or race WHITE

6. (a) Single, widowed, married, divorced INFANT

6. (b) Name of husband or wife

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

7. Birth date of deceased JULY 19 1946  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	27	hr. min.

9. Birthplace ST. LOUIS MO.  
(City, town or county) (State or foreign country)

10. Usual occupation INFANT

11. Industry or business

12. Name GRANT DIXON

13. Birthplace JOPLIN MO. 0  
(City, town or county) (State or foreign country)

14. Maiden name GLADYS WOODY

15. Birthplace MO. 0  
(City, town or county) (State or foreign country)

16. (a) Informant Mr Grant MO

(b) Address 2708 Caroline St

17. (a) BURIAL (b) Date thereof Aug-17-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Matthews Cem

18. (a) Signature of funeral director E J Schmur

(b) Address 3125 Lafayette av

19. (a) AUG 18 1946 (b) J. F. Bredeck  
(Date received by Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County

(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")

(d) Street No. 2708 CAROLINE ST. 9  
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15  
year 1946 hour 12 minute 40 AM

21. I hereby certify that I attended the deceased from  
19 to 19  
that I last saw him alive on 19  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Sepsis Septic  
Atelectasis Bilateral  
Both lungs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 133A

Of autopsy

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?

While at work? (Specify type of place)

(a) Means of injury

Signature of Physician R. Fred [unclear] (M. D. or other)

Date signed 8/16/46

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

27431

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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

*Joe B. Vollmer*

Licensed Embalmer No.

*4014*

P. O. Address

*St. Louis Mo*

**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.**