S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22174

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 6059

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis. Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5870 Bartmer
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community Since 1902

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County OTV
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5870 Bartmer
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Laura Deane Dixon
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F.
5. Color or race W.
6. (a) Single, widowed, married, divorced S.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept. (Month) 9 (Day) 1870 (Year)
8. AGE: Years 76 Months 9 Days 13 If less than one day hr. min.
9. Birthplace Macon County, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Ret. R. R. Clerk
11. Industry or business M. K. & T. R. R.
MOTHER FATHER
12. Name Francis Marion Dixon
13. Birthplace Bloomington, Ind. (City, town, or county) (State or foreign country)
14. Maiden name Sarah Elizabeth Easley
15. Birthplace Fairfield, Iowa (City, town, or county) (State or foreign country)
16. (a) Informant Mary Ester Dixon
(b) Address 5870 Bartmer
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6-25-47 (Month) (Day) (Year)
(c) Place: burial or cremation Bowling Green, Mo.
18. (a) Signature of funeral director Alexander Sons
(b) Address 6175 Delmar
19. (a) JUL 24 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22 year 1947 hour 2: minute 45 A. M.
21. I hereby certify that I attended the deceased from 5/21/47, 19..., to 6/15, 1947, that I last saw her alive on 6/15, 1947 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Valvular heart disease
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Edw. L. Eggers (M. D. or other)
Address 6012 Berlinen Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Thomas R. Fenwick

Licensed Embalmer No. 3793

P. O. Address 6175 Delmar

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.