

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **11308**

Registration District No. **318**

Primary Registration District No. **1003**

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

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: St. Francis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 mos. 10 ds.
(Specify whether _____)

In this community _____ 15 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town Oznam Shelter
(If outside city or town limits, write "RURAL")

(d) Street No. 11
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ALFRED DIX

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased Oct. 11 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>1</u>	<u>21</u>	hr. _____ min.

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

10. Usual occupation Blacksmith

11. Industry or business _____

12. Name John Condon

13. Birthplace not known
(City, town, or county) (State or foreign country)

14. Maiden name Maude Condon

15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant St. Louis State Hosp. Rem.

(b) Address Anatomical Board

17. (a) Anatomical Board (b) Date thereof DEC 31 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Anatomical Board

18. (a) Signature of funeral director Rowland Mortuary Service

(b) Address 4104 Manchester Ave.

19. (a) DEC 31 1948 (b) J. B. Casaler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 1
year 1948 hour 8.26 minute P M.

21. I hereby certify that I attended the deceased from June 21, 1948, to Dec. 1, 1948;
that I last saw her alive on Dec. 1, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Due to Generalized Arteriosclerosis 1948x

Due to Cerebral Arteriosclerosis 1948x

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

Major findings: 97
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? _____

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

23. Signature L. Hopstad (M. D. or R.N.) MD
Address 5400 Arsenal St. Date signed 12/3/48

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 Ralph W. Heman

Licensed Embalmer No. 2791

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.