

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-046328

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3335 STATE FILE NUMBER

VS 300 Rev. 4/59
1 4031
2 209
3
4 1
5 2
6
7 0
8 2
9
10
11
12 432
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

11-1-1963 DEC 6 1963

1. PLACE OF DEATH
a. COUNTY Saint Louis
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Normandy Length of stay in lb OR 11 days
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Normandy Osteopathic Hosp. Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Saint Louis Inside Limits Yes No
c. CITY OR TOWN Saint Louis Reside on Farm Yes No
d. STREET ADDRESS (if outside, give location) 5033 Benedict Yes No

3. NAME OF DECEASED First Middle Last Carrie Dixon
4. DATE OF DEATH Month Day Year Oct. 30 1963

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
8. DATE OF BIRTH 1-18-1891 9. AGE (last birthday) 72 IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired bacteriologist
10b. KIND OF BUSINESS OR INDUSTRY Beaumont High School
11. BIRTHPLACE (City and state or country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY U SA

13a. FATHER'S NAME John Drysdale 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? no 16. SOCIAL SECURITY NO. 17. INFORMANT Mr. Clarence Wild Address 560 Hentschel Ferguson 35, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary occlusion
DUE TO (b) Anterior infarct
DUE TO (c) 4201
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic phlebitis right lower extremity
PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10/19/63 to 10-30-63 and last saw her/him alive on 10-30-63
Death occurred at 7:25 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) 22b. ADDRESS 5004 N. [Address] 22c. DATE SIGNED 10/30/63

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 11-2-1963 23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery 23d. LOCATION (City, town, or county) St. Louis Missouri (State)

24. FUNERAL DIRECTOR Math Hermann & Son, Inc. 2161 East Fair ADDRESS 25. DATE RECD. BY LOCAL REG. 10-31-63 26. REGISTRAR'S SIGNATURE [Signature]

USE BLACK INK OR TYPEWRITER RIBBON

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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. Ford B. Beasley

Licensed Embalmer No. 4202

P. O. Address H. J. ...

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.