

JAN 10 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

43591  
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1003**  
(c) City **ST. LOUIS, Mo** (d) Street No. **CITY INFIRMARY** St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

**GEORGE NIXON**  
(a) Residence, No. **5600 ARSENAL** St. **13**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **MALE** 4. COLOR OR RACE **WHITE** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **WIDOWED**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **MARCH 25, 1866**

7. AGE YEARS **71** MONTHS **10** DAYS **8** 19 If LESS than 1 day, .....hrs. or .....min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **JANITOR**  
9. Industry or business in which work was done, as saw mill, bank, etc. **230**  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **INDIANA**

13. NAME **THOMAS NIXON**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **CHATTERTON, IN D<sup>Y</sup>**

15. MAIDEN NAME **ELIZABETH**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **CHATTERTON IND**

17. INFORMANT (ADDRESS) **E. M. COLONY 5800 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **City Crematory** DATE **12/26/37**

19. FUNERAL DIRECTOR (ADDRESS) **J. Ryan City Infirmary**

20. FILE **DEC 24 1937** **J. G. Brudeck Local Registrar.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **December 14 1937**

22. I HEREBY CERTIFY That I attended deceased from **Feb. 20 1930 to Dec. 14 1937**

I last saw him alive on **Dec 14 1937** Death is said to have occurred on the date stated above, at **1:55 P.m.**

The principal cause of death and related causes of importance were as follows:

**Pneumonia lobar** Date of onset **12/1/37**  
**Arteriosclerosis general**

Other contributory causes of importance:

Name of operation **none** Date of .....  
What test confirmed diagnosis **none** Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify

(Signed) **J. Ryan**, M. D.  
(Address) **5600 Arsenal**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**