DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 17 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 327

Registration District No. 791

Primary Registration District No.

Registrar's No. 327

1. PLACE OF DEATH: 1003

(a) County 2

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

(c) Name of hospital or institution: 1031 Lynch St.
(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) 255

3. (a) PRINT FULL NAME Bernard C. Rixmann

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 widower

6. (b) Name of husband or wife Elizabeth Rixmann

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

7. Birth date of deceased Feb. 16 1863
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
76	10	24	hr. min.

9. Birthplace Furstenau (City, town, or county) Germany (State or foreign country)

10. Usual occupation Prop. Grocery Store

11. Industry or business 6

FATHER
12. Name WILHELM RIXMANN 6
13. Birthplace (City, town, or county) GERMANY (State or foreign country) 6

MOTHER
14. Maiden name ELSIE LEPFORT 6
15. Birthplace (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant's own signature John B. Rixmann
(b) Address 2654 Ascomac St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-13-40 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Bur. Pk.

18. (a) Signature of funeral director Witt Bros. L & N Co.
(b) Address 2929 S. Jefferson Av.

19. (a) JAN 12 1940 (Date received local registrar) (b) J. F. Buchek (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")

(d) Street No. 1031 Lynch St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10
year 1940. hour 8 minute 30 A M.

21. I hereby certify that I attended the deceased from July 1939, 19, to Jan 10, 1940
that I last saw him alive on Jan 10, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 James M. Haven (M. D. or other)
Address 2025 S. Jefferson Date signed 1-11-40

(Licensed Embalmer's Statement on Reverse Side)

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.

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 Edgar F. Witt

Licensed Embalmer No. 2147

P. O. Address 2929 S Jefferson

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.