

Registration District No. 791Primary Registration District No. 1003Registrar's No. 8290

1. PLACE OF DEATH:

- (a) County _____
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution BARNES HOSPITAL
 (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)

8. (a) PRINT FULL NAME Aline Louise Rixmann3. (b) If veteran, name war _____ 3. (c) Social Security No. None4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife William C. Rixmann 6. (c) Age of husband or wife if alive 56 years7. Birth date of deceased December 5, 1891
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
48 9 28 hr. min.9. Birthplace Hoyleton, Illinois
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

12. Name Henry W. Prasuhn13. Birthplace New Minden, Illinois
(City, town, or county) (State or foreign country)14. Maiden name Lottie Hanke
15. Birthplace New Minden, Illinois
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Otto Prasuhn(b) Address 1316 North Union Blvd.17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/4/40
(Month) (Day) (Year)(c) Place: burial or cremation Hoyleton Illinois18. (a) Signature of funeral director Albert H. Hoppe Inc(b) Address 4700 Washington Blvd.19. (a) OCT 4 1940 (b) J. J. Bradley
(Date certified local health officer) (Physician's Signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Illinois (b) County Washington
 (c) City or town Hoyleton
 (If outside city or town limits, write "RURAL") NR
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 3
year 1940 hour 10 minute 49 A.M.21. I hereby certify that I attended the deceased from
Sept. 15, 1940 to October 3, 1940;
that I last saw h. ER alive on October 3, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death

Brain tumor, malignant

Duration

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?

While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature J. J. Bradley (M. D. or other)Address BARNES HOSPITAL Date signed _____

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.....

Albert G. Hopper

Licensed Embalmer No. 2971

P. O. Address.....

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, above space should be left blank.