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10-39
-39
121492

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 9409

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
4040 Olive Street
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

City or town Saint Louis 19
(If outside city or town limits, write "RURAL")

(d) Street No. 4040 Olive Street
(If rural, give location)

(e) If aged, both husband and wife _____ years.

FILED DEC 11 1940

3. (a) PRINT FULL NAME Edward H. Fix

8. (b) If veteran, name war None

8. (c) Social Security No. None

20. DATE OF DEATH: Month Nov day 15th
year 1940 hour 10:50 minute A. M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, ~~married~~, divorced

6. (b) Name of husband or wife ANNA FIX

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

7. Birth date of deceased May 28 1865
(Month) (Day) (Year)

21. I hereby certify, that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>5</u>	<u>17</u>	_____ hr. _____ min.

Immediate cause of death _____
Coronary Occlusion
Arterio Sclerosis
of heart

Due to _____

Due to _____

9. Birthplace Warren County Indiana
(City, town, or county) (State or foreign country)

Other conditions _____
(Include pregnancy within 8 months of death)

10. Usual occupation Retired

11. Industry or business Stove Manufacturerer

MOTHER FATHER { 12. Name Sebastian Fix

13. Birthplace Reading Pennsylvania
(City, town, or county) (State or foreign country)

14. Maiden name Lura Lerch

15. Birthplace Reading, Pennsylvania
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant MRS GEORGE W. JOHNSON

(b) Address DANVILLE ILLINOIS

17. (a) REMOVAL (b) Date thereof II/16/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DANVILLE ILLINOIS

18. (a) Signature of funeral director C.R. LUPTON AND SONS

(b) Address 7233 DELMAR BLVD.

19. (a) NOV 16 1940 (b) _____
(Date received locally) (Registrar's signature)

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) Means of injury _____

23. Signature Alfred Perry (M. D. or other) _____
Address _____ Date signed 11/16/40

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

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 Bradford A. Mule

Licensed Embalmer No. 2901

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, above space should be left blank.