

No. 2
4-13-40
5-17-39
PI X23150

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39507

State File No. _____

FILED DEC 9 1941
Registration District No. 107

Primary Registration District No. 200

Registrar's No. 2428

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

1. PLACE OF DEATH:

(a) County ST. LOUIS

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

(c) Name of hospital or institution: 6218 LITHIA AVE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
In this community 15 YEARS Specify whether years, months or days

3. (a) PRINT FULL NAME BERTHA E. NIX

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife JOHN NIX

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

7. Birth date of deceased APR-15-1893
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>48</u>	<u>7</u>	<u>15</u>	hr. min.

9. Birthplace VALMEYER ILL
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER

12. Name JACOB BRAUCH

13. Birthplace WATERLOO ILL
(City, town, or county) (State or foreign country)

14. Maiden name LOUISA RIESO

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

16. (a) Informant Miss Hilda Nix

(b) Address 6218 Lithia Ave

17. (a) BURIAL (b) Date thereof DEC-2-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BETHANY CEM

18. (a) Signature of funeral director L. B. Tanner

(b) Address 6107 National Bridge Rd

19. (a) DEC 1 1941 (b) _____
(To be received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 096

(a) State MISSOURI (b) County ST. LOUIS

(c) City or town PINE LAWN
(If outside city or town limits, write "RURAL")

(d) Street No. 6218 LITHIA AVE
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 30
year 1941 hour 4 minute _____ M.

21. I hereby certify that I attended the deceased from Nov 24, 1941, to Nov 30, 1941
that I last saw her alive on Nov 29, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-Vascular-Renal Disease

Due to _____

Due to 131a

Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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 John F. Frost (M. D. or other) _____

Address 3601 Centerville Date signed 12/1/41

St Louis, Mo

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

J. Wm. Benkley

Licensed Embalmer No. *3653*

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, fact should be so stated above.