. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32370

FILED NOV 11 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9147

1. PLACE OF DEATH:

(a) County —

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

(c) Name of hospital or institution: JEWISH HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 DAYS (Specify whether years, months or days)

In this community ABOUT 50 YRS

2. USUAL RESIDENCE OF DEASCED: 96

(a) State MISSOURI (b) County ST LOUIS

(c) City or town WEBSTER GROVES 4 NR.
(If outside city or town limits, write "RURAL")

(d) Street No. 476 WEST LOCKWOOD AVE.
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME FREDERICK ERNST RIXMANN

3. (b) If veteran, name war NO.

3. (c) Social Security No 491-16-4154

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife GERTRUDE B. RIXMANN

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased FEBRUARY - 13 - 1875 (Month) (Day) (Year)

8. AGE: Years 67 Months 8 Days 18 If less than one day — hr. — min.

9. Birthplace HOYLETON (City, town, or county) ILLINOIS (State or foreign country)

10. Usual occupation ARCHITECT

11. Industry or business —

FATHER 12. Name DIEDRICH WM RIXMANN

13. Birthplace FUERSTENAU, HANOVER (City, town, or county) GERMANY (State or foreign country)

MOTHER 14. Maiden name CLARA DETERING

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

16. (a) Informant D. F. RIXMANN

(b) Address 7048 TULANE AVE. ST LOUIS

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV - 3 - 1942 (Month) (Day) (Year)

(c) Place: burial or cremation HOYLETON ILLINOIS CEM.

18. (a) Signature of funeral director Parker Lind Co

(b) Address WEBSTER GROVES MO.

19. (a) NOV 2 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 31 year 1942 hour — minute 12 M.

21. I hereby certify that I attended the deceased from Sept. 18, 1939, to Oct. 31, 1942 that I last saw h. l. m. alive on Oct 31, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cancer of the bladder	6 mo.
Due to:	
Due to: Cancer of colon	2 yr.
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations —
Of autopsy Wide spread abdominal carcinoma

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 Albert L. Tansey (M. D. or other) MD

Address 4500 Olive St. St. Louis Date signed 11/2/42

844 (Licensed Embalmer's Statement on Reverse Side)

Dr. Danny

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 C. C. Aldrich

Licensed Embalmer No. 1332

P. O. Address Webster Grove

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.