

FILED FEB 24 1945 **318**

1003

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Enroute to City Hospital **3**
(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 Mo. (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 414 E. Espenschied st.
(If rural, give location)
(e) Citizen of foreign country? 0 NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Walter W. Nix

3. (b) If veteran, name war no 3. (c) Social Security No. _____

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bessie 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased July 8 1878
(Month) (Day) (Year)

8. AGE: Years 66 Months 6 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace Alabama 1
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer
Ship Yards

11. Industry or business _____
12. Name James Nix
13. Birthplace Alabama 1
(City, town, or county) (State or foreign country)
14. Maiden name Johanna Markham
15. Birthplace Georgia 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bessie Nix L.S. 12
(b) Address 414 E. Espenschied st.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 9, 1945
(Month) (Day) (Year)
(c) Place: burial or cremation St/Trinity Cem.

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.
(b) Address 7814 S. Broadway

19. (a) FEB 6 1945 (b) J. P. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Febraury day 6
1945 year hour 12 minute 55 PM

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.

Immediate cause of death _____ Duration _____
Engelmed acute myocardial infarction
96.

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? _____

(Specify type of place) _____
While at work? _____ Means of injury _____
23. Signature W. Fred Perry (M.D. or other) _____
Address _____ Date signed 2/10/45

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

17
9

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 *Louis C. Hoffmann*.....

Licensed Embalmer No. *3871*.....

P. O. Address *7814 S. Broadway*.....

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.