

Registration District No. **317**

Primary Registration District No. **6076**

Registrar's No. **2739**

1. PLACE OF DEATH:

(a) County ST. LOUIS

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

(c) Name of hospital or institution:
PINE CREST HOMES #4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7/24/45 to
In this community 11/29/45 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 4217 Lee Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANTONY H. NIX

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 29
year 1945 hour 2:00 minute 4 A. M.

21. I hereby certify that I attended the deceased from July 24th, 1945, to November 29th, 1945
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race W 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased June 15 1879
(Month) (Day) (Year)

Immediate cause of death:
Carcinoma of Bladder & testicles

Due to _____

Due to 52 to

Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

8. AGE:

Years	Months	Days	If less than one day
<u>66</u>	<u>5</u>	<u>14</u>	hr. _____ min. _____

9. Birthplace ST. LOUIS MO (City, town, or county) (State or foreign country) 1

10. Usual occupation _____

Major findings:
Of operations _____

Of autopsy _____

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

MOTHER FATHER

11. Industry or business _____

12. Name ADOLPH NIX

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

14. Maiden name _____

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

16. (a) Informant Arthur Nix

(b) Address 4217 Lee Ave.

17. (a) Burial (b) Date thereof Nov 3, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) 12-5-45 (b) E. J. Vandenberg
(Date received local registrar) (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) (e) Means of injury _____

23. Signature R. M. Jensen (M. D. or other) _____
Address Manchester Mo Date signed 11/29/45

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed..... *Rex O. Campbell*

..... Licensed Embalmer No. *3881*

..... 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. *Rec'd*Registration District No. *317*Primary Registration District No. *6071*Registrar's No. *2739*

1. PLACE OF DEATH:

(a) County *St Louis*
 (b) City or town *Manchester*
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:

(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)3. (a) PRINT
FULL NAME*Anthony H. Nix*

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

4. Sex *M* 5. Color or race *W* 6. (a) Single, widowed, married, divorced *S*

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

7. Birth date of deceased *June 15*
(Month) (Day) (Year)8. AGE: Years *66* Months *5* Days _____ If less than one day _____ hr. _____ min.9. Birthplace _____ (City, town, or county) (State or foreign country) *MO*10. Usual occupation *Operator*11. Industry or business *Anderson & Co. Inc. Co*

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (Date received local registrar) *G. J. McManis* (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *July* 21. I hereby certify that I attended the deceased from _____
year *1945* month _____ minute _____ M.21. I hereby certify that I attended the deceased from _____
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 _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____ PHYSICIAN _____
Of operations _____

Of autopsy _____

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 _____ (M. D. or other)

Address _____ Date signed _____

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

MOTHER FATHER

SUPPLEMENTARY

38572