

7. S. No. 2  
DOM-5-43  
Rev. 5-17-39  
I X36671

**FILED MAY 20 1946**

Registration District No. **317**

Primary Registration District No. **2002**

**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town University City

(c) Name of hospital or institution: 7629 Cornell /  
(If outside city or town limits, write "RURAL" and name of township)

(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 96

(c) City or town University City 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 7629 Cornell 5  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country.....

**3. (a) PRINT BENJAMIN FIXMAN**  
**FULL NAME**

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

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month 5 day 10  
year 1946 hour 8 minute 18 A.M.

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.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Dorothy Fixman 6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased August 19 1909  
(Month) (Day) (Year)

Immediate cause of death self-inflicted gunshot wound of left side of chest. 164-2  
Duration.....

**8. AGE:**

Years	Months	Days	If less than one day
<u>46</u>	<u>8</u>	<u>21</u>	hr. min.

9. Birthplace Yucatan Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Ladies Ready-to-wear

12. Name Louis Fixman

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

14. Maiden name UNKNOWN

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

16. (a) Informant Mrs. Benjamin Fixman

(b) Address 7629 Cornell

17. (a) Burial (b) Date thereof 5-12-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chesed Shel Emeth Cen.

18. (a) Signature of funeral director H. Rudolph

(b) Address 5216 Delmar Blvd.

19. (a) 5-13-46 (b) S.D. McHarris  
(Date received local registrar) (Registrar's signature)

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

ROBERT

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence 5/10/46

(c) Where did injury occur? University City, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

(Specify type of place)

While at work? (e) Means of injury Gunshot

23. Signature Arnold J. Williams Coroner

Address Clayton, Mo. Date signed 5/11/46

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

168339

AUG 4 1948

~~2061~~ 61 700

OCT 1 1947

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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. C. Burgess*

Licensed Embalmer No..... 4029

P. O. Address.....

**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.**