

S. No. 2
-12-45
5-17-39
PI X47070

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7008**
Registrar's No. **1243**

FILED FEB 17 1947 318

Registration District No. **1003**

Primary Registration District No. **1003**

Registrar's No. **1243**

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: **Barnes Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **61 days**
Specify whether
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **Clayton**
(If outside city or town limits, write "RURAL")
(d) Street No. **6357 Ellenwood Ave.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Charles H. Stix**

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

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widower**
6. (b) Name of husband or wife **Lucille Stix**
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 66 hr. min.

9. Birthplace **Cincinnati Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **Investment Broker**

11. Industry or business _____

MOTHER FATHER { 12. Name **Henry S. Stix**
13. Birthplace **Cincinnati Ohio**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Cincinnati Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Lucian Bettman**

(b) Address **6254 Waterman**

17. (a) **Burial** (b) Date thereof **2-7-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Sinai Cemetery**

18. (a) Signature of funeral director **H. Rindskopf**

(b) Address **5216 Delmar Blvd**

19. **FEB 6 1947** (b) **J. H. Bredet**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **5**
year **1947** hour **2** minute **10 P.M.**

21. I hereby certify that I attended the deceased from **Dec. 6**, 1946 to **Feb. 5**, 1947
that I last saw him alive on **February 5**, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death **Hemorrhage** Duration **4 days**

Due to **Metastatic Carcinoma and Prothrombin deficiency** **9 months**
Due to **Carcinoma of the Pancreas** **1 year**

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

Major findings: Of operations _____

Of autopsy **Carcinoma of the pancreas & metastases to lung, lymph nodes**

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 **Patricia J. Lanier** (M. D. **1947**)
Address **Barnes Hospital** Date signed **2/5/47**

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

MAY 28 1954

APR 25 1954

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.....

W. P. 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.