V. S. No. 2
0M—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32861

FILED SEP 23 1947

Registration District No. 318 #77202

Primary Registration District No. 1003

Registrar's No. 8622

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days (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. (If outside city or town limits, write "RURAL") 17

(d) Street No. 4217 Lee Ave. (If rural, give location) 9

Memorial

(e) Citizen of foreign country? (Yes or No) 10

If yes, name country

3. (a) PRINT FULL NAME ARTHUR NIX

3. (b) If veteran, name war None.

3. (c) Social Security No.

4. Sex Male.

5. Color or race White.

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

6. (b) Name of husband or wife Leona Nix

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

7. Birth date of deceased Nov. 8, 1886 (Month) (Day) (Year)

8. AGE: Years 60 Months 10 Days 3. If less than one day hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Machine Hand.

11. Industry or business Broderick Bascomb.

FATHER

12. Name Adolph Henry Nix.

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

MOTHER

14. Maiden name Amelia Diener.

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

16. (a) Informant Leona Nix

(b) Address 4217 Lee Ave.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Set't. 13, 1947. (Month) (Day) (Year)

(c) Place: burial or cremation CaMARY Cemetery.

18. (a) Signature of funeral director [signature]

(b) Address 1389 Union Blv'd.

19. (a) SEP 12 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 11th year 1947 hour 6:15 minute A M.

21. I hereby certify that I attended the deceased from 8/20/47 19 to Sept. 11th 1947; that I last saw him alive on Sept. 11th 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cirrhosis of Liver	years
Due to:	
Due to: arteriosclerotic Heart Disease	years
Other conditions: Urinary Tract infection with Echeverria Coli	weeks

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Not Done

PHYSICIAN

Underline the cause of 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 None

(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 0

23. Signature Robert L. Albert 1515 Lafayette 9/11/47 M.D.

Address Date signed

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Rex Campbell

Licensed Embalmer No. 3881

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.