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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 21 1948

Registration District No. 319

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 3444

Registrar's No. 56

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 2625 Carson Rd. /
(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 Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2223 Park Avenue 9
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 1

If yes, name country .....

3. (a) PRINT FULL NAME Charles Augustus Rixleben

3. (b) If veteran, name war No

3. (c) Social Security No. 492-05-8265

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Effie Rixleben

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased August (Month) 19 (Day) 1876 (Year)

8. AGE:

Years	Months	Days	If less than one day
71	4	19	..... hr. ..... min.

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

10. Usual occupation Barber

11. Industry or business .....

FATHER
12. Name Charles A. Rixleben
13. Birthplace Jonesboro (City, town, or county) Illinois / (State or foreign country)

MOTHER
14. Maiden name Adelaa Barry
15. Birthplace County Cork (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Violet Rixleben
(b) Address 5579 Clemens Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-8-48 (Month) (Day) (Year)
(c) Place: burial or cremation Anna, Ill.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington

19. (a) 1-8-48 (Date received local registrar) (b) Bevie L. J. Sharp MD (Registrar's signature) ASA

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 8
year 1948 hour 1:30 minute A M.

21. I hereby certify that I attended the deceased from December 1, 1948, to January 8, 1948
that I last saw him alive on January 7, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arterio sclerotic heart disease	3 yrs.
Due to	
Due to 932	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

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 .....

(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 ()

23. Signature Lewis Littmann (M. D. or other) MD
Address 8231 Clayton Rd Date signed 1/8/48

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

FEB 5 1948

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 John S. Kennedy

Licensed Embalmer No. 4194 F

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.