

XC UNKNOWN

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6146

REG. 6563 SL 4695

State File No.

FILED FEB 21 1955

318

1003

Registrar's No. 1318

1. PLACE OF DEATH a. COUNTY <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY	
b. CITY OR TOWN <u>915 North Grand Blvd. St. Louis, Missouri</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	
c. LENGTH OF STAY (in this place) <u>1 DAY</u>		d. Is Residence within limits of a city or incorporated town? Yearly No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSPITAL</u>		STREET ADDRESS (If rural, give location) <u>1215 Blackstone</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>BEN</u> b. (Middle) c. (Last) <u>FIXLER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-12-55</u>	
5. SEX <u>MALE 0</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>7-15-92 6-18-97 2-57</u>
9. AGE (In years last birthday) <u>57</u>		IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PRESSER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CLEANING ESTABLISHMENT</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>RUSSIA 6</u>		12. COUNTRY OF WHAT CITIZENRY? <u>USA</u>	
13a. FATHER'S NAME <u>JOSEPH FIXLER</u>		13b. MOTHER'S MAIDEN NAME <u>FRIEDA SILVERMAN</u>	
14. NAME OF HUSBAND OR WIFE <u>ANNE FIXLER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WWT</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>VA HOSPITAL RECORDS, ST. LOUIS, MO.</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>MYOCARDIAL INFARCTION</u>		INTERVAL BETWEEN ONSET AND DEATH <u>UNK.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDIAL INFARCTION</u>			
ANTECEDENT CAUSES <u>DIABETES MELLITUS</u>			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS <u>DIABETES MELLITUS</u>		Conditions contributing to the death but not related to the disease or condition causing death. <u>UNK.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>4201</u>			
22. I hereby certify that I attended the deceased from <u>2-11</u> , 19 <u>55</u> , to <u>2-12-</u> , 19 <u>55</u> , and that death occurred at <u>3:00 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>A. M. HESS M.D.</u>		23b. ADDRESS <u>VAH, ST. LOUIS, MO.</u>	
23c. DATE SIGNED <u>2-12-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>2/14/55</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Chesed Shel Emeth</u>		24d. LOCATION (City, town, or county) (State) <u>Univ. City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>FEB 14 1955</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith MO</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Berger Memorial 4715 McPherson</u>		ADDRESS	

WRITE PLAINLY--USING 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Lawrence J. Devere*
Licensed Embalmer No..... 398

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.