

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

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22428

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1774

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Ballwin</b>	c. LENGTH OF STAY (In this place) <b>2 yrs.</b>	c. CITY OR TOWN <b>Ballwin</b> <i>4000</i>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>207 Ries Road</b>		e. STREET ADDRESS (If rural, give location) <b>207 Ries Road</b>	

3. NAME OF DECEASED (Type or Print) <b>PEARL</b>	a. (First) <b>M.</b>	b. (Middle) <b>NIXON</b>	c. (Last) <b>June 15, 1956</b>	4. DATE OF DEATH (Month) (Day) (Year)
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>7-28-1884</b>	9. AGE (In years last birthday) <b>71</b> IF UNDER 1 YEAR Months <b>10</b> Days <b>17</b> IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Illinois</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>William Daniel Dunn</b>	13b. MOTHER'S MAIDEN NAME <b>Ava Belle Weeks</b>	14. NAME OF HUSBAND OR WIFE <b>John T. Nixon</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Irene Lohman, above</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease; injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 HOS.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>UREMIA</b>		?
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>GLOMERULONEPHRITIS</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>PLEURAL EFFUSION</b>		20 HOS	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from OCT 27, 1954, to JUNE 15, 1956, that I last saw the deceased alive on JUNE 15, 1956, and that death occurred at 3:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>James E. Meyer MD</b>	23b. ADDRESS <b>BALLWIN MO</b>	23c. DATE SIGNED <b>6/16/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>6-18-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>6-16-56</b>	REGISTRAR'S SIGNATURE <b>Hubert R. Donahue</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>JAY B. SMITH, Maplewood, Mo.</b>	ADDRESS
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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 *J. Allen Davis Jr.*

Licensed Embalmer No. *405*

P. O. Address *M.L.*

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.