

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025862

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **6151** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 21 1963

VS 300 Rev. 4/59

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USE BLACK INK OR OR TYPEWRITER RIBBON

DATE AMENDED  
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF  
ITEM NO. SHOULD READ  
BY AFFIDAVIT OF

1. PLACE OF DEATH  
a. COUNTY  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN  
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY St. Louis  
c. CITY OR TOWN Jennings  
d. STREET ADDRESS (If outside, give location) 9124 Boyce Place

3. NAME OF DECEASED (Type or print) First Middle Last  
EMILY J. FIX  
4. DATE OF DEATH Month Day Year  
June 8 1963

5. SEX female  
6. COLOR OR RACE white  
7. Married  Never Married  Widowed  Divorced   
8. DATE OF BIRTH 10/7/1885  
9. AGE (last birthday) 77  
IF UNDER 1 YEAR Months Days Hours Min.  
IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife  
10b. KIND OF BUSINESS OR INDUSTRY  
11. BIRTHPLACE (City and state or country) St. Louis, Missouri  
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME GEORGE REIL  
13b. MOTHER'S MAIDEN NAME ELIZABETH GRUEBER  
14. NAME OF HUSBAND OR WIFE G. Edwin Fix

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates) no  
16. SOCIAL SECURITY NO.  
17. INFORMANT Address RALPH FIX 9124 Boyce Place

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Acute Myocardial Infarction  
DUE TO (b) Atherosclerotic Heart Disease  
DUE TO (c) 420.0  
CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO   
20a. ACCIDENT  SUICIDE  HOMICIDE   
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK   
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9/10/59 to 6/8/63 and last saw her alive on 6/8/63  
Death occurred at 3:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (In green or title) Robert Potashnick M.D.  
22b. ADDRESS 3720 Washington  
22c. DATE SIGNED 6/10/63

23a. BURIAL, CREMATION, REMOVAL (Specify) burial  
23b. DATE June 11, 1963  
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery  
23d. LOCATION (City, town, or county) (State) St. Louis Missouri

24. FUNERAL DIRECTOR ADDRESS BUCHHOLZ MORTUARY 5967 W. FLORISSANT  
25. DATE RECD. BY LOCAL REG. JUN 11 1963  
26. REGISTRAR'S SIGNATURE Pearl Smith, M.D.

**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

*Wesley J. Bushby*

Licensed Embalmer No. 4551

P. O. Address St Louis

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.