

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

2523

**1. PLACE OF DEATH**

County St. Louis Registration District No. 798  
 Township St. Louis Primary Registration District No. 4471  
 City Webster Groves (No. 270 Blackmer Pl) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Fred Foster Bixby

(a) Residence. No. 270 Blackmer Pl. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 5 yrs. - mos. - ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth J. Bixby

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 9 - 1866  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
63 5 18

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Manager of  
 (b) General nature of industry, business, or establishment in which employed (or employer) Material Department  
 (c) Name of employer American Co. St. Louis

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan

10. NAME OF FATHER Alonzo Bixby

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) New York

12. MAIDEN NAME OF MOTHER Emma Keenes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) New York

14. INFORMANT (Address) Mrs Fred F. Bixby  
270 Blackmer Pl.

15. FILED 138 1930 Arthur H. Westrup REGISTRAR  
per Elsie Benson

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 27 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 28, 1930, to Jan 28, 1930, and that I last saw him alive on Jan 28, 1930, and that death occurred, on the date stated above, at 10:15 P m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Asphyxia from carbon monoxide gas  
(undetermined as to whether accidental or suicidal) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 181 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH Webster Groves

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_ 31

20. WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? Physic signs  
 (Signed) John O. Russell M. D.

(Address) St Louis of St Louis County  
 \*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Parker Board Co DATE OF BURIAL Jan 29 1930

20. UNDERTAKER Oak Hill ADDRESS Webster Groves

