

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

Do not use this space.

26245

1. PLACE OF DEATH

County St. Louis Registration District No. 1170 File No. _____
 Township _____ Primary Registration District No. 1248 Registered No. 184
 City Belmont Mo (No. St. Mary's Hospital) St. _____ Ward _____

2. FULL NAME

(a) Residence No. 3823 Cleveland Ave. Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Late Christine Fix</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 10, 1895</u>		
7. AGE	YEARS <u>36</u>	MONTHS <u>7</u>
	DAYS <u>5</u>	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Doctor</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Proprietor</u>	
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	13. NAME <u>Andreas Fix</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Caroline Uhl</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	17. INFORMANT <u>John Schott</u> (ADDRESS) <u>10226 Winona Ave</u>	
18. BURIAL, CREMATION, OR REMOVAL		
PLACE <u>Lake Charles</u> DATE <u>7/17</u> 19 <u>31</u>		
19. UNDERTAKER <u>Meyerhauser Mortuaries</u> (ADDRESS) <u>228 So. Highway</u>		
20. FILED <u>7/18</u> 19 <u>31</u> <u>C. L. Jordan</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-15-31 .1931

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1931, to July 15, 1931
 I last saw him alive on July 15, 1931. Death is said to have occurred on the date stated above, at 12.25 P.m.
 The principal cause of death and related causes of importance were as follows:
Sarcoma of left leg with metastasis to lungs
53E
47B
 Other contributory causes of importance 53C

Name of operation _____ Date of _____
 What test confirmed diagnosis? Xray Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify _____
 (Signed) C. E. Sterling M. D.
 (Address) 8135 South Ave, St. Louis, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 29 1931

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