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.

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

791
1003

Do not use this space.

1. PLACE OF DEATH MAR 21 1935

County ..... Registration District No. ..... File No. 10566

Township ..... Primary Registration District No. ..... Registered No. 2179

City St. Louis Mo. (No. Josephine Hospital St. ..... Ward)

2. FULL NAME Frank Mix

(a) Residence, No. 3429A Hartford St., 16 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 male
4. COLOR OR RACE white
5. ~~SINGLE, MARRIED~~, WIDOWED, OR ~~DIVORCED~~ (*write* the word) widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Mix

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 10-1873

7. AGE YEARS 61 MONTHS 4 DAYS 22, If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Custodian
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public School
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Albany

FATHER
13. NAME Wm Mix
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Mary Jennings
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Mr. Barney Mix, Indianapolis

18. BURIAL, CREMATION, OR REMOVAL PLACE New Albany Indiana DATE March 5 1935

19. UNDERTAKER (ADDRESS) E. J. Schnur, 3125 Lafayette av.

20. FILED MAR 5 1935, 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1935, to Mch 4th, 1935
I last saw him alive on Mch 3rd, 1935. Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 3-2-35

Other contributory causes of importance:
Arteriosclerosis
Hypertension
Myocarditis, Chronic

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury ....., 19....
Where did injury occur? no (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) B. Thaukler, M. D.
(Address) 1514 So Jefferson Ave