

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.

REC'D JUN 9 1938

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

17007
Do not use this space

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1008**
(c) City **St. Louis** (d) Street No. **1015a Art Hill** Registered No. **4868**
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number) St.

2. PRINT FULL NAME.....

Joseph E. Nixon **250**
(a) Residence, No. **1015a Art Hill** St. **4** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Theresa Nixon**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 31, 1851**

7. AGE YEARS **87** MONTHS **3** DAYS **24** If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Carpenter**
9. Industry or business in which work was done, as saw mill, bank, etc.
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) **Webster Groves**

FATHER 13. NAME **Not Known**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Not Known**

MOTHER 15. MAIDEN NAME **Mary Lacaster**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **England**

17. INFORMANT **Elizabeth Hall** (ADDRESS) **1015a Art Hill**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Calvary Cemetery** DATE **May 27, 1938**

19. FUNERAL DIRECTOR **M. J. Croghan** (ADDRESS) **7146 Manchester**

20. FILED **J. P. Beck** Local Registrar

MAY 26 1938

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 24 1938**

22. I HEREBY CERTIFY, That I attended deceased from **May 23**, 1938, to **24 May**, 1938

I last saw him alive on **May 24th**, 1938. Death is said to have occurred on the date stated above, at **4:45 p.m.**

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia
Myo Carditis
Chf. Septicemia
Date of onset **5/23/38**

Other contributory causes of importance:

arteriosclerosis

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....

If so, specify **1**
(Signed) **Forster A. Dall**, M. D.
(Address) **7346 Manchester mapewood, mo**

Dr. Dill
Between 1-4 P.M.

7346 Mrs. Webster

STATEMENT BY LICENSED EMBALMER

I, Francis Williamson, Licensed Embalmer No. 3565

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Francis Williamson

Licensed Embalmer No. 3565

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.)