

REC'D SEP 12 1938

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

27569

Do not use this space.

## 1. PLACE OF DEATH

(a) County.....  
 (b) Township.....  
 (c) City St. Louis (d) Street No. 3219 Sherandoah Ave. St. 1008  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred 49 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 7583

## 2. PRINT FULL NAME

Frederick William Rixe  
 (a) Residence, No. 3219 Sherandoah Ave. St. 17  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## 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 Katherine Rixe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 6, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
76 7 18

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired

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) Germany

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Fredericka Heidebreder

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Anna Ballweg  
 (ADDRESS) 3219 Sherandoah Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Cem. DATE AUG. 26, 1938

19. FUNERAL DIRECTOR (NAME) Wm. F. Paschedag  
 (ADDRESS) 2825 N. Grand Blvd.

20. FILE AUG 25 1938 J. F. Budick Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUG. 24, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from May 22nd, 1938, to Aug 24th, 1938

I last saw him alive on Aug 24th, 1938. Death is said to have occurred on the date stated above, at 10:30 P.

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

Diabetes Mellitus about 1930

Other contributory causes of importance:

Bronchopneumonia - Aug 24th 38

Name of operation none Date of none  
 What test confirmed diagnosis? Clinical symptoms 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) W. A. Fries! M. D.

(Address) 1544 So. Broadway

**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,

Guy W. Wilkinson

, or by

Wm. F. Paschedag

Registered Apprentice No. 20311, working under my personal supervision.

Signed

Guy W. Wilkinson

Licensed Embalmer No.

3575

P. O. Address

**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 this body is not embalmed, above space should be left blank.**