

1938 NOV 16 1938

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

34418
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 791
(b) Township Primary Registration District No. 1006
(c) City St. Louis (d) Street No. St. Johns Hospital St.
(e) Length of residence in city or town where death occurred 32 yrs. 10 mos. 6 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Fred William Fix

(a) Residence, No. 4433a Kossuth Ave. St. 10
(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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edna Fix
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22nd. 1905
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
32 10 5
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cabinet Maker
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) St. Louis, Mo. (STATE OR COUNTRY)

FATHER 13. NAME Albert C. Fix
14. BIRTHPLACE (CITY OR TOWN) Ills. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Jane R. Grote
16. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY)

17. INFORMANT Mrs. Edna Fix (ADDRESS) 4433a Kossuth Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Layrel Hill Cem DATE 10-31-38

19. FUNERAL DIRECTOR (NAME) Provost Und. Co. (ADDRESS) 3710 N. Grand Blvd.

20. FILED OCT 30 1938 J. T. Bredek Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-27-38
22. I HEREBY CERTIFY, that I attended deceased from Oct 23 to Oct 27 1938
I last saw him alive on Oct 27 1938. 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:

Peritonitis following operation for ruptured appendix.
Other contributory causes of importance: Cur salivary (glands)
Date of onset Oct 25

Name of operation Appendectomy Date Oct 23
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? 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 (signed) J. T. Bredek, M. D.
Address 4433a Kossuth Ave.

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.

L. P. Jewell
414337
2-4 7-8
Reinstated

Co 0570

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,

A. A. Smithers

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand Blvd.

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.