

Registration District No. **791** **1008** **REGD SEP 14 1939** Registration District No. _____

1. PLACE OF DEATH:

(a) County En route City Hospital #2
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution: 3

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whetherIn this community _____
years, months or days)3. (a) PRINT FULL NAME Alice Nixon 250

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race col. 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Edw. Nixon 6. (c) Age of husband or wife if alive 44 years7. Birth date of deceased 10 8 1912
(Month) (Day) (Year)8. AGE: Years 26 Months 9 Days 22 If less than one day _____ hr. _____ min.9. Birthplace Alton Ills.
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

12. Name Alexander Howard13. Birthplace Alton, Ills.
(City, town, or county) (State or foreign country)14. Maiden name Emma Galloway15. Birthplace Springfield Ills.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Emma Drafon(b) Address 8768 3rd St.17. (a) Buried (b) Date thereof 8 4 39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Washington Park18. (a) Signature of funeral director Bennie Love(b) Address 3103 Washington St.19. (a) AUG 2 1939 (b) J. B. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County 1(c) City or town St. Louis, Mo. 11
(If outside city or town limits, write "RURAL")(d) Street No. 3900 West Belle
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30th
year 1939 hour 5:00 minute _____ P. _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.Immediate cause of death Sodium Fluoride Poison, self administered in her room at the West End Hotel, 3900 West Belle, on
Due to July 30th, 1939, at about 2:10 P.M.

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide(b) Date of occurrence July 30th, 1939(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Home

While at work _____ (Specify type of place) _____ Means of injury _____

23. Signature Joseph M. DrafonAddress Deputy Registrar Date signed _____

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, or by.....

Robert A. Powell, Registered Apprentice No.
working under my personal supervision.

Signed

Robert A. Powell

Licensed Embalmer No. 3402

P. O. Address 3035 Lucas Ave

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.