

Registration District No. _____

Primary Registration District No. _____

Registrar's No. **4242**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1304 Hebert St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **50 Years.**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County _____
(c) City or town **St. Louis.**
(If outside city or town limits, write "RURAL")
(d) Street No. **1304 Hebert St.**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Melissa Tix**

3. (b) If veteran, name was **No.** 3. (c) Social Security No. **None.**

4. Sex **Female** / 5. Color or race **White** / 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Paul Tex** 6. (c) Age of husband or wife if alive **79** years
7. Birth date of deceased **November 7 1861**
(Month) (Day) (Year)

8. AGE: Years **80** Months **6** Days **5** If less than one day _____ hr. _____ min.

9. Birthplace **Mexico, Missouri.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife.**

MOTHER FATHER

11. Industry or business _____
12. Name **William Winscott.**
13. Birthplace **Unknown.**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown.**
15. Birthplace **Unknown.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Paul Tex**
(b) Address **1304 Hebert St.**

17. (a) **Burial** (b) Date thereof **5-14-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lake Charles Cem.**

18. (a) Signature of funeral director **Hy. Leidner Und.Co.**
(b) Address **2223 St. Louis Ave.**

19. (a) **MAY 14** (b) **J. F. Bredick**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **12**
year **1942** hour **1** A.M. minute _____ M.

21. I hereby certify that I attended the deceased from **2-22**
_____, 19**41**, to **May 11**, 19**42**
that I last saw **her** alive on **May 11**, 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of stomach**
Due to _____
Due to _____

Other conditions **metastatic? - l. mandible**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration

6 mo?

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) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) Means of injury _____
23. Signature **J. F. Bredick** (M. D. seal)
Address **827 Melrose Ave 3rd** Date signed **5/14/42**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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17
9

844

JAN 2 8 1958

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

Signed Homer L. Ponder

Licensed Embalmer No. 3567

P. O. Address 2223 St. Louis 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, fact should be so stated above.