

FILED DEC 29 1943

818

Primary Registration District No.

1003

Registrar's No. 11303

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:  
405 Washington Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Clay  
(c) City or town Flora  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location) NR  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 2

3. (a) PRINT FULL NAME Luke Pixley

3. (b) If veteran, name war World War # 1 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December 10 1892  
(Month) (Day) (Year)

8. AGE: Years 51 Months 0 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Ingraham Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Banker

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Harvey L. Pixley  
13. Birthplace Ingraham Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Caroline Cisel  
15. Birthplace Allendale Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant H.L. Pixley  
(b) Address Flora, Illinois

17. (a) Removal (b) Date thereof: 12-17-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Flora, Illinois

18. (a) Signature of funeral director Albert H. Hoppe, Inc.

(b) Address 4700 Washington Blvd.

19. (a) DEC 17 1943 (b) J. F. Probst  
(Date received local for burial) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13  
year 1943 hour 11:00 minute A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 1940, to Dec. 13, 1943.  
that I last saw him alive on Dec. 3rd, 1943.  
and that death occurred on the date and hour stated above.

Immediate cause of death: Septic Heart Disease with Coronary Insufficiency

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_

23. Signature Louis J. Guthrie (M. D. or other) M.D.  
Address 7224 Washington St. St. Louis Date signed 12-17-43

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

Yuden

---

**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.....

*John Agonosh*

Licensed Embalmer No.....

*3398*

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, fact should be so stated above.**