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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 12 1944
Registration District No. 517

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38770
Registrar's No. 2366

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

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town JENNINGS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2044 SWITZER 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 Missouri (b) County St. Louis
(c) City or town Jennings
(If outside city or town limits, write "RURAL")
(d) Street No. 2044 Switzer Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME G. EDWIN EDWARD FIX
(b) If veteran, name war NONE
(c) Social Security No. 489-10-0261

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month NOV. day 26
year 1944 hour 10:40 minute A. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife EMILY FIX
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased 12 - 11 - 1886
(Month) (Day) (Year)

Immediate cause of death Strangulation by ligature.
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy No.

8. AGE: Years Months Days If less than one day
57 11 15 hr. _____ min.

9. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation MERCHANT.

11. Industry or business COAL-BUILDING MATERIAL

MOTHER FATHER
12. Name FRANK FIX
13. Birthplace NEW YORK
(City, town, or county) (State or foreign country)
14. Maiden name ROSE SPIELMAN
15. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Quilty, Sister
(b) Address 2044 Switzer Ave

17. (a) BURIAL (b) Date thereof 11-29-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETRY

18. (a) Signature of funeral director W. A. [Signature]
(b) Address 2117 E. Grand Blvd

19. (a) DEC 1 1944 (b) E. B. [Signature]
(City or town) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Suicide.
(b) Date of occurrence Nov. 26, 1944
(c) Where did injury occur? 2044 Switzer
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
About own home.
(Specify type of place) (e) Means of injury _____
While at work? _____
23. Signature H. S. [Signature] (M. D. or other M.D.)
Address Clayton, Mo. 11-27-44 Date signed Dep. Coroner

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

1640

707

(Licensed Embalmer's Statement on Reverse Side)

DEC 13 1944

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 *Frank W Moore*

Licensed Embalmer No. *3041*

P. O. Address *2117 E Grand*

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.