

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 12 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38861**
Registrar's No. **2457**

Registration District No. **317**

Primary Registration District No. **3069**

1. PLACE OF DEATH:
(a) County **St. Louis**
(b) City or town **Richmond Heights**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
9070 Clayton Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community **Lifetime**
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **St. Louis**
(c) City or town **Richmond Heights**
(If outside city or town limits, write "RURAL")
(d) Street No. **9070 Clayton Road**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Julia A. Rixe**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **J. Henry Rixe**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **February 25 1866**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	9	10	hr. _____ min. _____

9. Birthplace **St. Louis Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **John F. Heidebreder**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Louisa Voss**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Margaret Ballwig**
(b) Address **9070 Clayton Road**

17. (a) **Burial** (b) Date thereof **12-7-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bellefontaine Cemetery**
18. (a) Signature of funeral director **Wagoner Mortuary**
(b) Address **4161 Lindell Blvd.**

19. (a) **DEC 6 1944** (b) **E. L. Mollhusen, M.D.**
(Date received local registrar) (Registrar's signature) Address **539 N. Grand** Date Signed **Dec 5/44**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec** day **5**
year **1944** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **April 17** to **Dec 5** 19**44**
that I last saw him alive on **Dec 4** 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death
Pulmonary edema 18 hours

Due to **Cerebral Hemorrhage**

Due to **heart attack** 12/5/44
second attack 12/4/44
hypertension 10/10/44

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy **8301**

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? _____
(Specify type of place) (e) Means of injury _____

While at work? _____ (Specify type of place) (c) Means of injury _____
Signature **J. R. Ferris** (M. D. or other) **M.D.**
Address **539 N. Grand** Date Signed **Dec 5/44**

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

76
7
3

91

2

2

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. H. R. Hennigan
Humboldt, B.C.

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 Melvin J. Kemper

Licensed Embalmer No. 4052

P. O. Address 4005 Lexington

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.