

FILED FEB 2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 3086  
515

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No.
1. PLACE OF DEATH a. COUNTY St. Louis Mo		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute to Hosp.		d. STREET ADDRESS (If rural, give location) 4278 Kossuth		
3. NAME OF DECEASED (Type or Print) a. (First) George		b. (Middle) Lee	c. (Last) Nix	4. DATE OF DEATH (Month) (Day) (Year) Jan. 16 49
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 23 1917	9. AGE (in years last birthday) 31
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Aircraft Work	10b. KIND OF BUSINESS OR INDUSTRY Aircraft	11. BIRTHPLACE (State or foreign country) Naylor Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME Jim Nix		13b. MOTHER'S MAIDEN NAME Rose Bradley		14. NAME OF HUSBAND OR WIFE Evelyn Smith
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. World War II	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Evelyn Nix 4278 Kossuth	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) <i>Carbon Monoxide Poisoning</i> ANTECEDENT CAUSES: <i>Taken overcausal while working in his car in the garage in the rear of his home at 4278 Kossuth</i> DUE TO (b) <i>the garage in the rear of his home at 4278 Kossuth</i> DUE TO (c) <i>on Jan 16 1949 at about 1:00 pm</i>		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>E. 890; 0 Accident</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo. Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>1:03 P. m.</i> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <i>Joseph M. Quinn Deputy Registrar</i>		23b. ADDRESS <i>1300 Clark Ave</i>		23c. DATE SIGNED <i>1-18-49</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>1-19-49</i>	24c. NAME OF CEMETERY OR CREMATORY <i>National Cem. Jeff. B.</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis Mo</i>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>J. B. Larimer</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Wingbermuehle F. H. 3819 S. Grand</i>		

(Licensed Embalmer's Statement on Reverse Side)

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

*Amal*

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**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Van. M. Sisemore*

Licensed Embalmer No. *4343*

P. O. Address *Adoni MO*

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.