

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19092

FILED JUN 17 1949

State File No.

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 95

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri COUNTY Warren WARREN Warren	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wright City Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION St Francis Hosp Washington Mo		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) Phillip	b. (Middle) D	c. (Last) Feix	4. DATE OF DEATH (Month) (Day) (Year) June 7 1949
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5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 8 1868	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 11 Days 29	IF UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during life, even if retired) laborer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Tell-City Indiana	12. CITIZEN OF WHAT COUNTRY U.S.A
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13a. FATHER'S NAME Conrad Feix	13b. MOTHER'S MAIDEN NAME Mary Roedder	14. NAME OF HUSBAND OR WIFE Ida Feix
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, No known) No	16. SOCIAL SECURITY No. 487-20-8730	17. INFORMANT'S SIGNATURE OR NAME Mrs Ida Feix Wright City Mo	ADDRESS Wright City Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c). <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		1 day
	ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis DUE TO (c)		3 1/2
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 5-6, 1949, to 6-7, 1949, that I last saw the deceased alive on 6-7, 1949, and that death occurred at 11:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE W. H. ... (Degree or title)	23b. ADDRESS ...	23c. DATE SIGNED 6-7-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 9 1949	24c. NAME OF CEMETERY OR CREMATORY Wright City Cemetery Wright City Mo	24d. LOCATION (City, town, or county) Wright City Mo
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DATE REC'D BY LOCAL REG. June 9 1949	REGISTRAR'S SIGNATURE ...	25. FUNERAL DIRECTOR'S SIGNATURE Nieburg Furn & Und Co ADDRESS Wright City Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

