

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2859

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **35**

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b><br>b. COUNTY |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>St. Louis, Missouri</b> |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <b>St. Louis</b>                             |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>5861 Cates Avenue.</b>  |  | d. STREET ADDRESS (If rural, give location)<br><b>5861 Cates Avenue/</b>  |  |

|  |             |                      |                    |                |                    |
|--|-------------|----------------------|--------------------|----------------|--------------------|
| 3. NAME OF DECEASED<br>(Type or Print) |             |                      | 4. DATE OF DEATH   |                |                    |
| a. (First) <b>Ada</b>                  | b. (Middle) | c. (Last) <b>Nix</b> | (Month) <b>Jan</b> | (Day) <b>1</b> | (Year) <b>1950</b> |

|   |                                  |  |   |   |                      |   |   |
|---|----------------------------------|--|---|---|----------------------|---|---|
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b> | 8. DATE OF BIRTH<br><b>Aug 12, 1874</b> | 9. AGE (In years last birthday) <b>75</b>                           | 10. MONTHS <b>75</b> | 11. BIRTHPLACE (State or foreign country)<br><b>0</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>At Home</b>                      |   | 11. BIRTHPLACE (State or foreign country)<br><b>Salem, Missouri</b> |                      | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>         |   |

|   |   |   |
|---|---|---|
| 13a. FATHER'S NAME<br><b>Unknown Pope</b> | 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b> | 14. NAME OF HUSBAND OR WIFE<br><b>William Nix</b> |
|---|---|---|

|   |                                       |   |  |
|---|---------------------------------------|---|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> | 16. SOCIAL SECURITY NO.<br><b>Nil</b> | 17. INFORMANT'S SIGNATURE OR NAME<br><b>W. M. Sears</b> | ADDRESS<br><b>4904 Euclid Ave, Apt A</b> |
|---|---------------------------------------|---|--|

|   |   |  |  |
|---|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b>  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 years</b> |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |  |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>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)<br><b>93</b> |
|--|--|--|

|  |   |  |
|--|---|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR?<br><b>H2O</b> |
|--|---|--|

22. I hereby certify that I attended the deceased from **July 7, 1949**, to **Jan 1, 1950**, that I last saw the deceased alive on **Jan 1, 1950**, and that death occurred at **3:25P m.**, from the causes and on the date stated above.

|   |                   |   |                                   |
|---|-------------------|---|-----------------------------------|
| 23a. SIGNATURE<br><b>Norton John Overall M.D.</b> | (Degree or title) | 23b. ADDRESS<br><b>6356 Clayton Rd. St. Louis 17 Mo</b> | 23c. DATE SIGNED<br><b>1-2-50</b> |
|---|-------------------|---|-----------------------------------|

|   |                            |  |   |
|---|----------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE<br><b>1-4-50</b> | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Friedens Cemetery</b> | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis County, Mo.</b> |
|---|----------------------------|--|---|

|   |  |  |  |
|---|--|--|--|
| DATE REC'D BY LOCAL REG.<br><b>JAN 3 1950</b> | REGISTRAR'S SIGNATURE<br><b>J. B. Lester</b> | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Albert H. Hoppe</b> | ADDRESS<br><b>4700 Washington Blvd</b> |
|---|--|--|--|

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

2009  
1

MAY 1950

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 *J. W. M. Binkley* .....

Licensed Embalmer No. *3653* .....

P. O. Address *St Louis, 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.