

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11006

State File No. 2432

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH

a. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis

c. LENGTH OF STAY (in this place) _____

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Deaconess Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Illinois b. COUNTY Washington

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hoyleton

d. STREET ADDRESS (If rural, give location) 8

3. NAME OF DECEASED

a. (First) Minnie b. (Middle) _____ c. (Last) Rixmann

4. DATE OF DEATH (Month) (Day) (Year) March 11, 1950

5. SEX Female **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Widow

8. DATE OF BIRTH Feb. 4, 1870 **9. AGE** (In years last birthday) 80

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) Washington Co., Ill.

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Christ Kleemann **13b. MOTHER'S MAIDEN NAME** Mary Krughoff **14. NAME OF HUSBAND OR WIFE** Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None **17. INFORMANT'S SIGNATURE OR NAME** Harry Rixmann, Hoyleton, Ill. **ADDRESS** _____

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolus

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thrombophlebitis of the superficial femoral vein of the left leg. DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic cardiovascular Disease

INTERVAL BETWEEN ONSET AND DEATH Instant

72 hrs

?

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____

20. AUTOPSY? YES NO

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) Hoyleton, Washington, Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ **21e. INJURY OCCURRED** WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Dec. 6, 1948, to March 11, 1950, that I last saw the deceased alive on March 11, 1950, and that death occurred at 2:27 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charise E. Mueller, M. D. **23b. ADDRESS** 634 N. Grand Blvd. **23c. DATE SIGNED** 3-13-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal **24b. DATE** 3-12-50 **24c. NAME OF CEMETERY OR CREMATORY** _____ **24d. LOCATION** (City, town, or county) (State) Hoyleton, Ill.

DATE REC'D BY LOCAL REG. 3-13-50 **REGISTRAR'S SIGNATURE** J. H. Switzer **25. FUNERAL DIRECTOR'S SIGNATURE** Albert H. Hoppe **ADDRESS** 4700 Washington Blvd.

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

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 me

working under my personal supervision.

Student Embalmer No.

Signed William S. Laffer

Signed.....
Student Embalmer

Licensed Embalmer No. 4699

P. O. Address St. Charles 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.