

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27321**

FILED JUL 23 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1917

400!

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

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY OR TOWN St. Johns		c. CITY OR TOWN Richmond Heights d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (In this place) 4 yrs.		e. STREET ADDRESS (If rural, give location) 1338 Hawthorne Pl.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Edgewood Retreat Sanitarium			

3. NAME OF DECEASED (Type or Print) Lydia M. Nixon			4. DATE OF DEATH (Month) (Day) (Year) July 9th 1953		
a. (First)		b. (Middle)		c. (Last)	

5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug 28, 1880		9. AGE (In years last birthday) 72 Months 10 Days 11		IF UNDER 24 HRS. Hours Min.	
----------------------	--	-------------------------------	--	---	--	--------------------------------------	--	---	--	-----------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY At Home			11. BIRTHPLACE (City and State or Foreign Country) Terrell Texas			12. CITIZEN OF WHAT COUNTRY USA		
--	--	--	--	--	--	---	--	--	--	--	--

13a. FATHER'S NAME James Van Orden			13b. MOTHER'S MAIDEN NAME Delia Huges			14. NAME OF HUSBAND OR WIFE (late) Harry L Nixon					
---	--	--	--	--	--	---	--	--	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lucille Denny 2616 Arthur, Maplewood							
(If yes, give war or dates of service)											

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH 5 4 days	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia									
		ANTECEDENT CAUSES									
		DUE TO (b) Arteriosclerotic Heart Disease								10 years	
		DUE TO (c)									
		II. OTHER SIGNIFICANT CONDITIONS 0 Senile Dementia									
		Conditions contributing to the death but not related to the disease or condition causing death 3 Fracture left hip (old)									

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
								4200	

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)	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)				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 July, 1950, to July, 1953, that I last saw the deceased alive on July 9, 1953, and that death occurred at 6:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John J. McManis M.D.			23b. ADDRESS 10300 St Charles Rd St Louis			23c. DATE SIGNED July 10 1953		
--	--	--	--	--	--	--------------------------------------	--	--

24a. BURIAL CREMATION, REMOVAL (Specify) Removal		24b. DATE July 13 '53		24c. NAME OF CEMETERY OR CREMATORY Bellfontain Cem.		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			
---	--	------------------------------	--	--	--	---	--	--	--

DATE REC'D BY LOCAL REG. 7-11-53		REGISTRAR'S SIGNATURE Newest R. Drake M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jay B. Smith 7456 Manchester, Maplewood, Mo.		
---	--	---	--	--	--	--	--

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.....
Signature of Student Embalmer

Signed..... *J.P. Burgess*

Licensed Embalmer No. *4029*

P. O. Address *Maplewood*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.