No. 300
10.48

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

FILED NOV 27 1953 85027

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 40946

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10873

**1. PLACE OF DEATH**
a. COUNTY —
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lutheran Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY — 2189
c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐ 0
e. STREET ADDRESS (If rural, give location) 1136 Kentucky Ave. 18

**3. NAME OF DECEASED** (Type or Print)
a. (First) Betty
b. (Middle) Louise
c. (Last) Nix

**4. DATE OF DEATH** (Month) 11 (Day) 16 (Year) 53

**5. SEX** F 1
**6. COLOR OR RACE** W
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Single 0
**8. DATE OF BIRTH** 11-16-53
**9. AGE** (In years last birthday) 0 — If under 1 year: Months 0, Days 0 — If under 24 hrs.: Hours 2, Min. 10

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) INFANT
**10b. KIND OF BUSINESS OR INDUSTRY** —
**11. BIRTHPLACE** (City and State or Foreign Country) St. Louis, Mo. 0
**12. CITIZEN OF WHAT COUNTRY?** U.S.

**13a. FATHER'S NAME** John Harold Nix
**13b. MOTHER'S MAIDEN NAME** Dorothy Louise Lewis
**14. NAME OF HUSBAND OR WIFE** —

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) —
(If yes, give war or dates of service) —
**16. SOCIAL SECURITY NO.** —
**17. INFORMANT'S SIGNATURE OR NAME** John H. Nix **ADDRESS** 1136 Kentucky Avenue

**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**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Premature separation of Placenta — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Atalectasis Prematurity (25 wks)

**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)
**21d. TIME OF INJURY** (Month) (Day) (Year) (Hour) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?** 7615

*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 2:20 A.m., from the causes and on the date stated above.*

**23a. SIGNATURE** Frank A. Bailey (Degree or title) M.D.
**23b. ADDRESS** 3108 So Grand Blvd.
**23c. DATE SIGNED** 11-16-53

**24a. BURIAL, CREMATION, REMOVAL** (Specify) removal
**24b. DATE** Nov. 17, 1953
**24c. NAME OF CEMETERY OR CREMATORY** —
**24d. LOCATION** (City, town, or county) Rolla, (State) Missouri

DATE REC'D BY LOCAL REG. NOV 16 1953
REGISTRAR'S SIGNATURE J. Carl Smith MD
MJB
**25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS** Beiderwieden F.H. Inc., 1936 St. Louis Ave.
(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed ...Norman F. Toehler.....

~~Licensed Embalmer No.~~ Funeral

P. O. Address 3620 Chipp

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.