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FILED APR 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10276

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 112

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St Louis
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
STREET ADDRESS (If rural, give location): 1620 Veronica Avenue, 21, 2089

3. NAME OF DECEASED (Type or Print)
a. (First): LOUISE
b. (Middle): Z.
c. (Last): FIX

4. DATE OF DEATH (Month) (Day) (Year): April 10th, 1956,

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: January 26th, 1868
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months 2, Days 15 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (City and State or Foreign Country): Central City, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Gottfried Zoeller
13b. MOTHER'S MAIDEN NAME: Amalia Rosenbaum
14. NAME OF HUSBAND OR WIFE: Late John W. Fix

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Peter G. Fix, 1620 Veronica Avenue, 21,

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): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 1/2 hr.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): arteriosclerosis — ?
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Chronic Cholecystitis — ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 331x
20. AUTOPSY? YES [ ] NO [X]

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?

22. *I hereby certify that I attended the deceased from* 18 July, 1950, *to* 10 April, 1956 *that I last saw the deceased alive on* 10 April, 1956 *and that death occurred at* 8:55P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. E. Hengen M.D.
23b. ADDRESS: Pattonville, Mo.
23c. DATE SIGNED: 12 April 56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Motor
24b. DATE: 4/13/56
24c. NAME OF CEMETERY OR CREMATORY: Bellefontaine Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis, Missouri

DATE REC'D BY LOCAL REG.: April 12 1956
REGISTRAR'S SIGNATURE: Hannie Hamilton
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: CALVIN F. FEUTZ, 4828 Natural Bridge Blvd., FUNERAL HOME, INC., St. Louis, 15, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

1:00 PM Thursday

File in St. Charles, Mo.

FEB 20 1961

OCT 8 1961

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ralph C. Linder

Licensed Embalmer No. 4

P. O. Address St. Lou

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