

U.S. DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-038520

FILED VS. NOV 16 1959 317

Registration District No. Primary Registration District No. 500 Registrar's No. 2994

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Louis									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Normandy		Length of stay in 1b D. O. A.		c. CITY OR TOWN Berkeley		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Normandy Ost. Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 8022 Aline Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Middle Last Robbie Earl Rixford				4. DATE OF DEATH Month Day Year Nov. 10, 1959									
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7-21-17		9. AGE (last birthday) 42		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Warehouseman				10b. KIND OF BUSINESS OR INDUSTRY Warehouse		11. BIRTHPLACE (City and state or country) Keene, N. H.		12. CITIZEN OF WHAT COUNTRY U. S.					
13a. FATHER'S NAME Robbie Earl Rixford Sr.				13b. MOTHER'S MAIDEN NAME Louise M. Speckman				14. NAME OF HUSBAND OR WIFE Martha R. Rixford					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War II				16. SOCIAL SECURITY NO.		17. INFORMANT Address Martha R. Rixford, Berkeley, Mo							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac arrest Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial Infarction DUE TO (c) Coronary Occlusion										INTERVAL BETWEEN ONSET AND DEATH none none			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Myocardial Infarction 9/1/59										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input checked="" type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			20f. CITY, TOWN, OR LOCATION		COUNTY		STATE			
21. I attended the deceased from 8-25-59 to 11/10/59 and last saw her/him alive on 11/10/59 Death occurred at 8:25 am on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) W. J. Gardner M.D.						22b. ADDRESS 917 Airport Rd.				22c. DATE SIGNED 11/10/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-13-59		23c. NAME OF CEMETERY OR CREMATORY New St. Marcus			23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri						
24. FUNERAL DIRECTOR ADDRESS White-Mullen Mortuary, Ferguson					25. DATE RECD. BY LOCAL REG. 11-12-59		26. REGISTRAR'S SIGNATURE John Murphy M.D.						

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 self, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Reinhold K Lohmann

Licensed Embalmer No. 3395

P. O. Address St Louis 35

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.