

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

8343

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1002
 City St. Louis (No. 4245 North 21st) St. Ward)

File No.
 Registered No. 1935
 St. Ward)

2. FULL NAME

(a) Residence No. 4245 North 21st St., Ward.
 (Usual place of Abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 11 1929

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wilhelmina Fox (ne. Osterwich)

17. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1929, to Feb. 11, 1929, that I last saw him alive on Feb. 10, 1929, and that death occurred, on the date stated above, at 8:35 A. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 5, 1851

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 1 6

Chronic Endocarditis
92 1/2
99 (duration) yrs. 1 mos. 7 ds.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retiring Flour Miller
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

CONTRIBUTORY Arterio Sclerosis
 (SECONDARY) (duration) yrs. 1 mos. 7 ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....

10. NAME OF FATHER John Fox

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
 WAS THERE AN AUTOPSY?.....

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) England

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Alfred Theo Vogler, M. D.
2/11 1929 (Address) 4244 N. Florissant av.

12. MAIDEN NAME OF MOTHER Harriet Whitehead

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) England

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Mrs. Wilhelmina Fox
 (Address) 4245 North 21st St.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Friedens DATE OF BURIAL Feb. 14 1929

15. FILED 19 1929 REGISTRAR

20. UNDERTAKER Math. Hermann and Son ADDRESS 216 E. Fair Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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