

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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

Do not use this space.

Nov 24 1930
 PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH
 County St. Louis Registration District No. 1170
 Township _____ Primary Registration District No. 624818
 City Richmond Heights (No. St Marys Hospital) St. _____ Ward)

2. FULL NAME Joseph S. Fox
 (a) Residence. No. 4136 Natural Bridge Ave. Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 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.

42033

File No. _____
Registered No. 306

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF _____
 (OR) WIFE OF Kate Hannon Fox
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dont know
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
Abt. 50
8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. Plumber
 (b) General nature of industry, business, or establishment in which employed (or employer). self
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER Alexander Fox
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Catherine McGrath
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT Mrs. Kate Fox
 (Address) 4136 Natural Bridge Ave

15. FILED 12/12 1929 L. B. Jensen
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 10th 1929
17. I HEREBY CERTIFY, That I attended deceased from 5 o'clock Dec 10, 1929, that I last saw him alive on 10 Dec, 1929, and that death occurred, on the date stated above, at 5:30 p.m. m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Septicemia
Septic Pneumonia
 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Strep Septic Fever (R)
Flu, burn in plumbing work
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH Home
 DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) [Signature] M. D.
 (Address) Country Club Bldg

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cemetery **DATE OF BURIAL** Dec 13 1929

20. UNDERTAKER Thomas J. Small **ADDRESS** 151 9th
Grand

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

J. F. Clancy

to most septuaginta (Septuagint)
Septuaginta
Septuaginta in facta lingua
Septuaginta, Brevi in
Septuaginta.