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

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.

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

Do not use this space.

43022

1. PLACE OF DEATH

County ..... Registration District No. 791 ~~1003~~ File No. .....

Township ..... Primary Registration District No. ..... Registered No. 19

City St Louis (No. 907 North Market St St. ..... Ward)

2. FULL NAME Edwin H Fox

(a) Residence. No. 907 North Market St., 26 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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Fox

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 18 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	64	--	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer Laclede Paint Co

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

8

PARENTS

10. NAME OF FATHER Edwin Fox

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Sarah Fox
(Address) 907 North Market

15. JAN -2 1930 FILED ..... 19 ..... Max C Harden REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 31 1929 19

17. I HEREBY CERTIFY, That I attended deceased from January 31, 1929, to Dec 31, 1929 that I last saw him alive on Dec 31, 1929, and that death occurred, on the date stated above, at 4:15 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis
936
82A (duration) ..... yrs. 11 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Hemiplegia Apoplectic paralysis (duration) ..... yrs. ..... mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....

0 [illegible]

(Signed) Joseph Gill, M. D.
Dec 31, 1929 (Address) 3636 Hebert

*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 Jan 2 1930

20. UNDERTAKER Thos W. Beiderwieden ADDRESS 1936 St. Louis