

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. 4603 McMillan)

File No. 25191
Registered No. 6618
St. _____ Ward _____

2. FULL NAME Effie Foxx

(a) Residence, No. 4603 McMillan St. 12 Ward.

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Louis Foxx</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 15, 1881</u>				
7. AGE YEARS <u>52</u>	MONTHS <u>3</u>	DAYS <u>14</u>	If LESS than 1 day, _____ hrs. or _____ min.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>				
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>At Home</u>				
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____				

OCCUPATION
MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) Dont Know
(STATE OR COUNTRY) Indiana

13. NAME William Brown

14. BIRTHPLACE (CITY OR TOWN) Dont Know
(STATE OR COUNTRY) Indiana

15. MAIDEN NAME Elizabeth Leisly

16. BIRTHPLACE (CITY OR TOWN) Dont Know
(STATE OR COUNTRY) Indiana

17. INFORMANT Louis Foxx
(ADDRESS) 4603 McMillan

18. BIRTH, CREMATION, OR BURIAL PLACE Valhalla Crematory DATE August 1, 1933

19. UNDERTAKER Thomas J. Dunan
(ADDRESS) 1519 South Grand Boulevard

20. FILED UL 31 1933 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1933, to July 29, 1933.
I last saw her alive on July 29, 1933. Death is said to have occurred on the date stated above, at 11. m. pm.
The principal cause of death and related causes of importance were as follows:

194 B
Chronic myocarditis
of Liver
July 20

Other contributory causes of importance Chronic myocarditis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury _____, 19____

Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) Joseph G. Bell, M. D.

(Address) 3636 Chestnut

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.

AUG 9 1933

