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

Do not use this space.

37767

1. PLACE OF DEATH
County: St. Louis
Township: Central
City: Overland (No. Lindbergh Rd St., Ward)

Registration District No. 789
Primary Registration District No. 6033 B

File No.
Registered No. 3 X 2

2. FULL NAME: James A. Fox
(a) Residence, No. Lindbergh Rd St., 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unk

7. AGE: Years 72 | Months — | Days — | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year): 10-1-32
11. Total time (years) spent in this occupation: ✓

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

FATHER
13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): "

MOTHER
15. MAIDEN NAME: "
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): "

17. INFORMANT: Ida M. Fox
(ADDRESS) R#4 - Overland, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Val Halla Cem. DATE: 11-24-1933

19. UNDERTAKER: Baumann Bros. Inc.
(ADDRESS) Overland, Mo.

20. FILED 11/28 - 1933 Nella Bracy M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1933, to Nov. 22, 1933
I last saw him alive on Nov. 21, 1933. Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1a Apoplexy	Nov. 22
b	
c	
d	

Other contributory causes of importance:
Hypertension
arterio sclerosis

Name of operation — Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 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) Roy Swatchen, M. D.
(Address) 4438 Wyoming

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.

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