MAY 7 1937

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

Do not use this space.

791

1003

File No. 14869

Registered No. 4365

**1. PLACE OF DEATH**

County ..... Registration District No. ..... 1003

Township ..... Primary Registration District No. ..... 1

City St. Louis, Mo. (No. City Hospital #1 ..... St. ..... Ward)

**2. FULL NAME** Julia D. Fox,

(a) Residence, No. 2202 Cass Ave., St., 21 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) |
|---|---|---|
| Female | White | Married |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 12th, 1867

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| 335 | 70 | 3 | 14 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework at home

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) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington, Mo.

FATHER

13. NAME Gerhard Tod,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Julia Welge,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

1860

17. INFORMANT (ADDRESS) William J. Fox, 2202 Cass Ave.,

18. BURIAL, CREMATION, OR REMOVAL PLACE I.O.O.F. Cemetery Washington, Mo. DATE Apr. 28, 1937

19. UNDERTAKER (ADDRESS) Hy Reidner Mnd. Co. 1417 N. Market St.

20. FILED APR 27 1937 19 J. F. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 2:15 A.m.

The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis Contrib: Intertrochanteric Fracture of Left Hip suffered when she fell to the floor, at her home

Date of onset 5

Other contributory causes of importance: on April 14-1937 at about 10:00 A.M. Accident

Name of operation ✓ Date of ..... Yes

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? accident Date of injury 4/14/1937

Where did injury occur? St. Louis Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury See above

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Alfred J. Perry, M.D.

(Address) Deputy Coroner

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.

899