

JUL 8 - 1937

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

Do not use this space.

22409

1. PLACE OF DEATH

County
Township
City St. Louis (No. City Hospital)

Registration District No. 791
Primary Registration District No. 1008

File No. 6161
Registered No. St. Ward)

2. FULL NAME William Fox
(a) Residence, No. 8310a S. Broadway St. 1 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-24-37 19...

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 18, 1879

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 5:05 P.M.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 58 3 6

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

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

External hemorrhage from laceration of right external artery suffered when he cut his wrist on the edge of a mirror while cleaning it on 6/24/37 at about 6:05 P.M.

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

Ether Anesthesia

13. NAME William Fox

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

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 6/24/37 19 37

15. MAIDEN NAME Mary Murray

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

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

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

17. INFORMANT (ADDRESS) Wm. Fox
8310 S. Broadway

Manner of injury See Above

18. BURIAL, CREMATION, OR REMOVAL PLACE Whitehaven, Pa. DATE 6-25-37 19...

Nature of injury See Above

19. UNDERTAKER (ADDRESS) Wm. Fox

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

20. J. T. Bredeck Registrar.

(Signed) Alfred Perry
(Address) Supply 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.

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