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.

OCT 14 1937

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

32794
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 8848

(c) City ST. LOUIS (d) Street No. Homer G. Phillips Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred 77 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ISADORE FOX

(a) Residence, No. 2628a DICKSON ST St. 21
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: COL
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): OCT 19, 1908

7. AGE: YEARS 28 MONTHS 10 DAYS 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Common
9. Industry or business in which work was done, as saw mill, bank, etc.: Laborer
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): BRINKLEY ARK

FATHER
13. NAME: D. C. FOX
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): S. CAROLINA

MOTHER
15. MAIDEN NAME: ADDIE JONES
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MURPHYBORO TENN

17. INFORMANT (ADDRESS): VESTA JONES 2628a DICKSON ST

18. BURIAL, CREMATION, OR REMOVAL
PLACE: BRINKLEY ARK DATE: SEPT 22, 1937

19. FUNERAL DIRECTOR (ADDRESS): A. F. WALTON 2747 STODDARD ST

20. FILED SEP 22 1937 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9/17/37, 19

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 8:10 A.M. m.
The principal cause of death and related causes of importance were as follows:

Infection and slough of both buttocks with Fistulous tract into Rectum following Gunshot wound of Left Buttocks, at the hands of Police Officers in performance of duty, about 6:30 P.M., Aug. 31, 937, in an alley between Carr & Biddle Strs.

Date of onset

Other contributory causes of importance:

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Justifiable Homicide Date of injury 8/31/, 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.
In public place.
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) Joseph M. Quinn, M.D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, Arthur L. Heilliard, Licensed Embalmer No. 3389

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Arthur L. Heilliard

Licensed Embalmer No. 3389

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)