

REC'D MAR 14 1938

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

4539

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003** Registered No. **1184**
 (c) City **St. Louis** (d) Street No. **4155 Lee Avenue** 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

JOSEPH FOX, SR., 200
 (a) Residence, No. **4155 Lee Avenue** St. **10**
 (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 **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widower**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 6, 1865**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 0 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Fireman**
 9. Industry or business in which work was done, as saw mill, bank, etc. **Dazy Churn Co.**
 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) **Germany**

FATHER 13. NAME **Henry Fox**

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

MOTHER 15. MAIDEN NAME **Not Known**

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

17. INFORMANT (ADDRESS) **Joseph Fox Jr. 4155 Lee Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **Feb. 2, 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Math. Hermann & Son 2161 East Fair Avenue**

20. FILED **FEB 1 1938** **J. T. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 30, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **1/16/38**, 19... to **1/30/38**, 19...

I last saw him/her alive on **1/28/38**, 19... Death is said to have occurred on the date stated above, at **11:45 p.m.**

The principal cause of death and related causes of importance, were as follows:
Cardio-vascular Date of onset **1935**

Other contributory causes of importance:
Acute Myocarditis 1/24/38

Name of operation..... Date of.....
 What test confirmed diagnosis? **Rhynox** 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? **no.**
 If so, specify..... (Signed) **E. T. Quinn** M. D.
 (Address) **3201 Big Bend Bl**

STATEMENT BY LICENSED EMBALMER

I, Leonard Hampton, Licensed Embalmer No. 2967

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 Leonard Hampton
Licensed Embalmer No. 2967

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