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

31136
Do not use this space.

REC'D OCT 12 1938

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1. PLACE OF DEATH
(a) County ..... Registration District No. 1008
(b) Township ..... Primary Registration District No. ..... Registered No. 8573
(c) Saint Louis, Mo. (d) Street No. 1102½ No 20th St. 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 Sarah Fox 2A-D
(a) Residence, No. 1102½ N. 20th. 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: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 10, 1871

7. AGE: YEARS 67 | MONTHS 8 | DAYS 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil
9. Industry or business in which work was done, as 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): Oxford; Mississippi

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

MOTHER
15. MAIDEN NAME: Henretta Dinkens
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mississippi

17. INFORMANT (ADDRESS): Agnes Carr, 1102½ N. 20th. St

18. BURIAL, CREMATION, OR REMOVAL: Washington Park
PLACE: Cemetery DATE: Oct 3 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): W.S. Wade Und. Co, 4202 Finney Avenue

20. FILED: SEP 30 1938 J. F. Bredeck, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9/28/38 19

22. I HEREBY CERTIFY, That I attended deceased from Oct. 22, 1938, to Oct 28, 1938
I last saw her alive on Oct 28, 1938 Death is said to have occurred on the date stated above, at 1:05 m P.M.
The principal cause of death and related causes of importance were as follows:

Bronchopneumonia — Date of onset Oct 22

Other contributory causes of importance:

Chronic Myocarditis

Name of operation ..... Date of .....
What test confirmed diagnosis? Chm 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) M. E. Mueller, M. D.
(Address) 2335 Parrenne

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ——

——, ~~or by~~ ——

Registered Apprentice No. ——, ~~working under my personal supervision.~~

Signed S J Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Chou

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

If this body is not embalmed, above space should be left blank.