

Registration District No. **791**
1008

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4003 Lee Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

RECEIVED NOV 13 1939

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4003 Lee Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME AUGUST FOX 200

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Agnes Fox 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Dec. 31. 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 9 17 hr. _____ min.

9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed Steamfitter

11. Industry or business _____

12. Name Joseph Fox

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Raynie Fox

(b) Address 4003 Lee Ave.

17. (a) Burial (b) Date thereof 10/21/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director M. A. Stock and Co

(b) Address 2117 E. Grand Blvd.

19. (a) OCT 20 1939 (b) J. P. Brudick
(Date certified local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18
year 1939 hour 4 minute 05 P. M.

21. I hereby certify that I attended the deceased from Oct 1-39
1939 to Oct 18 1939
that I last saw him alive on Oct 18 1939
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic myocarditis 1937
Due to Chronic myocarditis 1936

Other conditions (Include pregnancy within 5 months of death)

Major findings: 181
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature J. P. Brudick (M. D. or other) _____
Address 4114 W. Florissant Date signed 10/20/39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

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 Frank A. [Signature]
Licensed Embalmer No. 3041
P. O. Address 2117 E. [Signature]

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.)

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