

FILED MAR 17 1942 7.91
Registration District No. **7.91**

Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County **Sarah & Hodiamont street**
(b) City or town **St. Louis**
(c) Name of hospital or institution: **Sarah & Hodiamont Tracks!**
(d) Length of stay: **20 yrs**
In this community **20 yrs**

3. (a) PRINT FULL NAME **Fred Boxx**
3. (b) If veteran, name war _____
3. (c) Social Security No. **Lost**

4. Sex **M** 5. Color or race **Col**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Pearl Boxx**
6. (c) Age of husband or wife if alive **42** years
7. Birth date of deceased **2 1 1898**

8. AGE:	Years	Months	Days	If less than one day
	44	0	3	hr. min.

9. Birthplace **Oklahoma** **Missi.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Labor**

11. Industry or business _____

12. Name **Unknown**

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

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

16. (a) Informant's own signature **Pearl Boxx**

(b) Address **2321 Chouteau Ave**

17. (a) **Buried** (b) Date thereof **2-10-42**
(Burial place) (Month) (Day) (Year)

(c) Place of burial or cremation **Bunker Washington Cem. East St. Louis, Ill.**

18. (a) Signature of funeral director **Aus Howe**
(b) Address **2930 Dickson St.**

19. (a) **FEB 9 1942**
(Date received local certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **2200**
(c) City or town **St. Louis, Mo.**
(d) Street No. **2321 Chouteau**
(e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Feb.** day **4th**
year **1942** hour **7:00** minute **P.** M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Fracture & dislocation of the first cervicle vertebrae, Internal hemorrhage; ruptured right lung and liver; when he was struck by a Hodiamont streetcar manne by one Henry William Strebeck, about 75 feet west of the intersection of Sarah and Enright on**
Other conditions (Include pregnancy within 3 months of death) **the Hodiamont right of way, above**

Major findings: **Of operations 6:58 P.M. Feb. 4, 1942**
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **ACCIDENT**
(b) Date of occurrence **Feb. 4, 1942**
(c) Where did injury occur? **St. Louis, Mo.**
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **In Public Place**

23. Signature **[Signature]** (M. D. or other) _____
Address _____ Date signed **2/9/42**

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.

REV. 6-17-39. 1 X19351

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.....

Licensed Embalmer No.....

P. O. Address.....

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.