

No. 2  
1-4-41  
5-17-39  
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED MAR 17 1942

791

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

4340

State File No. 1842

Registrar's No.

Registration District No.

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Louis City Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 Days (Specify whether  
In this community 50yrs. years, months or days)

3. (a) PRINT Charles Richard Fox  
FULL NAME

3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower  
6. (b) Name of husband or wife Widower 6. (c) Age of husband or wife if alive Widower years  
7. Birth date of deceased December 13, 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
69 1 18 hr. min.

9. Birthplace Wisconsin  
(City, town, or county) (State or foreign country)

10. Usual occupation Cook

11. Industry or business Unknown

MOTHER FATHER { 12. Name Fred Fox  
13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Miller  
15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Ann Morrison  
(b) Address St. Louis City Hospital #1

17. (a) Autonomous Burial (b) Date thereof 2-4-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Louis City Hospital #1

18. (a) Signature of funeral director W. J. Putzo  
(b) Address 300 Putzo

19. (a) FEA 27 10 (b) J. S. Bredeke  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 107 No. Sixth St. (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31,  
year 1942 hour 4:40 minute A. M.

21. I hereby certify that I attended the deceased from January 21, 1942 to January 31, 1942  
and that death occurred on the date and hour stated above. January 31, 1942  
that I last saw him im alive on January 31, 1942

Immediate cause of death Pulmonary Tuberculosis Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 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?

While at work? (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature M. M. Karl (M. D. or other) D  
Address 1515 Lafayette Avenue, D-2/112

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

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**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, fact should be so stated above.**