

STANDARD CERTIFICATE OF DEATH
1003

State File No. **4341**
Registrar's No. **1323**

MAR 16 1942

Registration District No. **791.1**

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:
Enroute to the City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **Nil** (Specify whether
6 Months years, months or days)
In this community.....

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. **1909 Edwards** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)

3. (a) PRINT

FULL NAME **Frank S. Fox**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **491-07-4577**

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

6. (b) Name of husband or wife. **Constance Fox**
6. (c) Age of husband or wife if alive. **26** years

7. Birth date of deceased. **Oct. 20, 1914**
(Month) (Day) (Year)

8. AGE: Years **27** Months **3** Days **17**
If less than one day hr. min.

9. Birthplace **Sedalia, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Clerk**

11. Industry or business.....

12. Name **Frank Fox**

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

14. Maiden name **Flora Hobright**

15. Birthplace **Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Constance Fox**

(b) Address **1909 Edwards**

17. (a) (b) Date thereof. **Feb 14 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sedalia, Mo.**

18. (a) Signature of funeral director **St. Josephs Chapel**

(b) Address **5041 Delmar Blvd**

19. (a) **FEB 12 1942** (b) **J. F. Medesh**
(Date received local registrar) (Registrar's signature)

No Attending Physician
MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **11**
year **1942** hour **10** minute **2** A.M.

21. I hereby certify that I attended the deceased from..... to.....

that I last saw h..... alive on **Feb. 11**, 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Cerebral Hemorrhage

and to
Artery of both Internal Carotid Arteries

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: **96**
Of operations.....

Of autopsy.....

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)
(c) **3** years of injury

23. Signature **Alfred W. ...** (M. D. or other)

Address **Alfred W. ...** Date signed **2/12/42**

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

MOTHER FATHER

844 (Licensed Embalmer's Statement on Reverse Side)

APR 17 1942

APR 10 1942

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 *John Ketter*.....
Licensed Embalmer No. 3880.....
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.