S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8557

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2146

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

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: St. Luke's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution about 10 days (Specify whether
In this community 12 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Oakland Village, Kirkwood
(If outside city or town limits, write "RURAL")

(d) Street No. 844 Westwood Pl.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME BEULAH CHURCHILL FOX

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife C. Adin Fox

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased February (Month) 7, (Day) 1886 (Year)

8. AGE:

Years	Months	Days	If less than one day
56	0	29	hr. min.

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

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Churchill
13. Birthplace unknown (City, town, or county) (State or foreign country)

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

16. (a) Informant C. Adin Fox
(b) Address 844 Westwood Pl.

17. (a) cremation (Burial, cremation, or removal) (b) Date thereof 3/9/42 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director Alexander & Sons
(b) Address 6175 Delmar Blvd.

19. (a) MAR 9 1942 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 6 year 1942 hour 9 minute 20 M.

21. I hereby certify that I attended the deceased from Feb. 19 1942, 19 to Mar 6, 1942 that I last saw her alive on Mar 5, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Abdominal malignancy (Lymphosarcoma?)	1 yr ±
Due to: Primary site undetermined	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: Generalized metastasis; intestinal obstruction
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Thos C. Wimber (M. D. ~~or other~~)
Address 6 N. Metropolitan Bldg. Date signed 3/6/42
(Thos C. Wimber)

(Licensed Embalmer's Statement on Reverse Side)

508 [illegible]
[illegible] 1222

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 Raymond L. Morris, Registered Apprentice No. 290, working under my personal supervision.

Abdominal Auptsy

Signed Jos. E McCulloh

Licensed Embalmer No. 2460

P. O. Address 6170 Delmar

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.