U. S. No. 2
OM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 6 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22250

State File No. 22250

Registration District No. 704 Primary Registration District No. 700 Registrar's No. 1405

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Lemay Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3620 Risch Av.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: St. Louis 96 0 0
(c) City or town: Lemay
(If outside city or town limits, write "RURAL")
(d) Street No.: 3620 Risch Av.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No): 0
If yes, name country

3. (a) PRINT FULL NAME: Omey Fox
3. (b) If veteran, name war: no
3. (c) Social Security No.: 220
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: John Fox
6. (c) Age of husband or wife if alive: 56 years
7. Birth date of deceased: Nov. (Month) 24 (Day) 1887 (Year)

8. AGE: Years 54 Months 7 Days 4 If less than one day hr. min.

9. Birthplace: Iron Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation: housewife
11. Industry or business:
FATHER 12. Name: Michel Borders
FATHER 13. Birthplace: Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name:
MOTHER 15. Birthplace: Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: John Fox
(b) Address: 3620 Risch Av. Lemay
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 7-1-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Park Lawn Cem.
18. (a) Signature of funeral director: Witt Bros & Co.
(b) Address: 3 2 2 S Jefferson Av.
19. (a) JUN 30 1942 (Date received local registrar) (b) C. H. McGann M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28 year 1942 hour 8 minute 30 a. M.
21. I hereby certify that I attended the deceased from 4/10 1942 to 6/28 1942 and that I last saw him alive on 6/27 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral embolism — Duration 1/4 hrs
Due to: Post Operative
Due to: Gall-bladder operation 6/9/42
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: Late Post-Operative Gall bladder adhesions 6/9/42
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: 0
23. Signature: Paul H. Scherer (M. D. or other) Address: 818 Olive St. Date signed: 6/29/42

107 (Licensed Embalmer's Statement on Reverse Side)

APR 9 1945

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. 3472

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.