

FILED FEB 4 1943 318

Registration District No.

Primary Registration, District No. 1003

Registrar's No.

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4114² LABADIE AVE
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000
12

(c) City or town ST. LOUIS
910
(If outside city or town limits, write "RURAL")

(d) Street No. 4114² LABADIE AVE
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME CONRAD FOX

3. (b) If veteran, name war.....

3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife HELLIE E. FOX 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased JULY 2 1860
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>82</u>	<u>6</u>	<u>24</u> hr. min.

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

10. Usual occupation TRINER (RETIRED)

11. Industry or business WOODWARD + TIERNON

12. Name UNKNOWN

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

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

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

16. (a) Informant Thomas Collins

(b) Address 3745 W. Pine Bl

17. (a) BURIAL (b) Date thereof JAN 28-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM

18. (a) Signature of funeral director LMULLEN UND CO

(b) Address 5165 DELMAR BL.

19. (a) JAN 20 1943 (b) J. J. Bruck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 26
year 1943 hour 10:30 minute A.M.

21. I hereby certify that I attended the deceased from Sept. 15 to Jan 26, 1943
that I last saw him alive on Jan 24, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis
Chronic myocarditis

Due to Arteriosclerosis

Due to Senility

Other conditions Chronic nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....

22. If death was due to external cause, 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 J. J. Bruck (M.D. or other).....
Address 1876 Madison Date signed 1/27/43

Duration
9 Dec
5 months

PHYSICIAN
0 month

Underline the cause to which death should be charged statistically.

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 *H. G. Lewis*

Licensed Embalmer No. 3384

P. O. Address St. Louis

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.