V. S. No. 2
50M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 25 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8281

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2455

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4264a Russell Blvd. (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 900 12
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 917
(d) Street No. 4264a Russell Blvd. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Elizabeth Wagenman Fox
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Late Weimar Fox
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. (Month) 29th (Day) 1863 (Year)
8. AGE: Years 79 Months 2 Days ~~12~~ 13 If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Louis Meyer
13. Birthplace (City, town, or county) Germany (State or foreign country)
14. Maiden name Isabella Palmer
15. Birthplace (City, town, or county) Scotland (State or foreign country)
16. (a) Informant Christina Palmer
(b) Address 4264a Russell Blvd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-15-43 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery
18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.
19. (a) MAR 15 1943 (Date received local registrar) (b) J. L. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12th year 1943 hour 9:30 minute P.M. M.
21. I hereby certify that I attended the deceased from 3-1 1943 to 3-12 1943
that I last saw her alive on 3-12 1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Congestive heart failure	1 year
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy none	

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 Victor E. Scherrer (M.D. or other)
Address 508 N. Grand Date signed 3/13/43

(Licensed Embalmer's Statement on Reverse Side)

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 Edwin D. McDermott

Licensed Embalmer No. 3024

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.