

APR 15 1943

Registration District No. 284

Primary Registration District No. 200

Registrar's No. 601

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Carsonville
(c) Name of hospital or institution: 8755 Natural Bridge
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Carsonville
(If outside city or town limits, write "RURAL")
(d) Street No. 8755 Natural Bridge
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Alfred Nicholas 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 Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if _____

7. Birth date of deceased: March 10 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 0 3 _____ hr. _____ min.

9. Birthplace: Johnstown Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name Merrill Fox

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

14. Maiden name Sarah Walton

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

16. (a) Informant Lillie Walton

(b) Address 4721 Washington, Blvd.

17. (a) Burial (b) Date thereof 3/15/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Albert H. Hoppe, Inc.

(b) Address 4700 Washington, Blvd.

19. MAP 15 1943 (b) E.G.M. Duran
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12
year 1943 hour 7 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw h. _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Natural causes. Duration _____

Due to Rectal cancer with metastases.

Due to _____

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

Major findings: Of operations _____

Of autopsy Yes.

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? _____

While at work? _____ (Specify type of place)

23. Signature Louis H. Hoppe (M. D. or other) _____

Address Kirkwood, Mo. 3-13-43 Date signed _____

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

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96
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SEP 12 1957

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

J. Allen Davis Jr

Licensed Embalmer No.

4053

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.

SEP 21 1957