

FILED APR 20 1944

Registration District No. 818

Primary Registration District No. 1008

Registrar's No. 000

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Carric Edigson Vietner Home 5000 S. Broadway  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 years 5 mos  
(Specify whether)

In this community...  
years, months or days

3. (a) PRINT FULL NAME Fox, LIA MAY

3. (b) If veteran, name war  
3. (c) Social Security No.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, single  
6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov. 29 1863  
(Month) (Day) (Year)

8. AGE: Years 80 Months 12 Days 18 If less than one day hr. min.

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)

10. Usual occupation nil

11. Industry or business

MOTHER FATHER  
12. Name Henry Fox  
13. Birthplace unknown (City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Norma Grandler

(b) Address 24 College Ave. Webster Groves, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-11-1944  
(Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Chapel

18. (a) Signature of funeral director Alvander [unclear]

(b) Address 6125 Delmar Blvd.

19. (a) APR 11 1944 (Date received local registrar) J. Z. Buddeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5000 S - Broadway  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10  
year 1944 hour 10 minute 0 M.

21. I hereby certify that I attended the deceased from Oct. 25  
1941, to Apr. 10, 1944  
that I last saw her alive on Apr. 19, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral haemorrhage Duration 2 hrs

Due to Arterio Sclerosis

Due to

Other conditions Cardiac Hypertrophy  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 95  
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 J. Z. Buddeck (M. D. or other)  
Address 5000 S. Broadway Date signed 4/10/44

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

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**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

*Joseph E. McCulloch*

Licensed Embalmer No. *2461*

P. O. Address *6175 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.**