

FILED SEP 18 1944

Registration District No.

Primary Registration District No.

1003

2624

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:
ST. MARY'S INFIRMARY
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 WEEKS 0
 (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME CARRIE L. FOX3. (b) If veteran,
name war3. (c) Social Security
No.4. Sex FEMALE 5. Color or race NEGRO
6. (a) Single, widowed, married, divorced SINGLE6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased FEB 15 1888
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
63 6 18 hr. min.9. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)10. Usual occupation TEACHER

11. Industry or business

MOTHER FATHER
 { 12. Name SQUIRE FOX
 { 13. Birthplace UN KNOWN
 (City, town, or county) (State or foreign country)
 { 14. Maiden name UN KNOWN
 { 15. Birthplace UN KNOWN
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Eloise Ruth Rosen(b) Address 5524 Pershing17. (a) BURIAL (b) Date thereof 1946/144
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation GREENWOOD CEM.18. (a) Signature of funeral director Oliver E. Patten(b) Address 3030 BELL AVE19. (a) SEP 5 1944 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MO (b) County 11
 (c) City or town ST. LOUIS
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4034 COOK AVE
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 3
year 1944 hour 2:30 minute A M.21. I hereby certify that I attended the deceased from MARCH
8, 1944, to SEPT 3, 1944
that I last saw her alive on SEPT. 2nd, 1944
and that death occurred on the date and hour stated above.Immediate cause of death _____ Duration _____
Toxemia
Due to Generalized Carcinomatosis Mar. 44Due to Carcinoma of liver JAN 44Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

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?

While at work _____ (Specify type of place)
(e) Means of injury _____23. Signature J. C. Sherard (M. D. or other) _____
Address 2702 G Franklin Date signed 9-4-44

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.....

William C. McDowell....., Registered Apprentice No.....
working under my personal supervision.

Signed *William C. McDowell*
Licensed Embalmer No. *2114*

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, above space should be left blank.