S. No. 2
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v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

#43440

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 14 1945

State File No. 18710

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 5708

1. PLACE OF DEATH:

(a) County

(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: St. Louis City Hospital #1.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)

In this community 6yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis (If outside city or town limits, write "RURAL")

(d) Street No. 303 Clark (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MALCOLM FOX

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years abt. 72 Months — Days — If less than one day hr. min.

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

10. Usual occupation Laborer

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 Violet Martin

(b) Address 1605 Missouri Ave., St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/30/45 (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cem. St. Louis, Mo.

18. (a) Signature of funeral director A. N. McLaughlin

(b) Address 2301 Lafayette Ave. St. Louis, Mo.

19. (a) JUN 30 1945 (Date received by local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28th year 1945 hour 8:55 A.M.

21. I hereby certify that I attended the deceased from 6/[illegible]/45 19..., to 6/28/45 19...; that I last saw him alive on 6/28/45 19...; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Brain Encephalomalacia

Due to Arteriosclerosis

Due to Cerebral Vascular

Other 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? (Specify type of place)

While at work?

(e) Means of injury

23. Signature James [illegible] (M. D. or other)

Address 1515 Lafayette Date signed 6/28/45

(Licensed Embalmer's Statement on Reverse Side)

Not embalmed

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 L R Cooper

Licensed Embalmer No. 3633

P. O. Address 2307 Lafayette

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.