

Registration District No. 317 Primary Registration District No. 6076

1. PLACE OF DEATH:
 (a) County ST LOUIS
 (b) City or town BALLWIN
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: PINE CREST HOMES 4
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6/4/46 (Specify whether
 In this community 7/27/46 years, months or days)

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. 2414 St. Grand Ave.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Fox, William Henry
 3. (b) If veteran, name war _____ 3. (c) Social Security No. No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 27
 year 1946 hour 12 minute 30 A. M.
 21. I hereby certify that I attended the deceased from June 4 1946 to July 27 1946
 that I last saw him alive on July 26 1946
 and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced W 9
 6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

Immediate cause of death Cerebral Hemorrhage

8. AGE: Years 88 Months 0 Days 11 If less than one day hr. _____ min.

Due to 93 d

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country) 0
 10. Usual occupation Retired

Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

11. Industry or business
 12. Name unknown Andrew J. Fox
 13. Birthplace Unknown (City, town, or county) (State or foreign country) 0
 14. Maiden name unknown Harriet Swett
 15. Birthplace Unknown (City, town, or county) (State or foreign country) 0

PHYSICIAN
 Major findings: _____
 Of operations: _____
 Of autopsy: _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Miss Adelaide Swett
 (b) Address 5437 No. Kingshighway
 17. (a) Burial (b) Date thereof 7/29/46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Bellefontaine Cem
 18. (a) Signature of funeral director Roger Tomlin
 (b) Address 3402 No. Kingshighway
 19. (a) 99-46 (b) R. M. Jansen
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury _____
 23. Signature R. M. Jansen (M. D. or _____)
 Address Manchester Mo Date signed 7/27/46

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

2034639

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..... *Elmo R. Padwell*

Licensed Embalmer No. *4087*

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.