

FILED JAN 27 1947

Registration District No. 318

Primary Registration District No. 1003

State File No. _____

Registrar's No. 477

1. PLACE OF DEATH:

(a) County _____
 (b) City or town Saint Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4632 Delor Street
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether
 In this community 55 Years
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town Saint Louis,
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4632 Delor Street
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME John P. Fox

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

4. Sex Male 5. Color or race White 6. (a) ~~Single, widowed, married, divorced~~
 6. (b) Name of husband or wife Wilhelmina Fox 6. (c) Age of husband or wife if alive 65 years
 7. Birth date of deceased Sept. 20, 1878
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 3 25 hr. min.

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

10. Usual occupation Retired-Pattern Maker

11. Industry or business _____

12. Name Henry Sheldon Fox
 13. Birthplace England
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Jane Harris
 15. Birthplace England
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wilhelmina Fox
 (b) Address 4632 Delor Street

17. (a) Burial (b) Date thereof JAN. 17. 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation MEMORIAL PARK CEMETERY

18. (a) Signature of funeral director Calvin F. Feutz
 (b) Address 4828 Natural Bridge Blvd.

19. (a) JAN 15 1947 (b) J. F. Bredeck
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15
 year 1947 hour 2:00 minute _____ A.M.

21. I hereby certify that I attended the deceased from
Nov 21, 1945 to 1/14, 1947
 that I last saw him alive on 1/14, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Carcinoma of bladder, 2 yrs
Kidney failure (Anemia)
 Due to obstruction of ureter

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

Major findings:
 Of operations _____
 Of autopsy _____

Duration

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 Calvin F. Feutz (M. D. or other)
 Address 3720 Washington Date signed 1/15/47

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER, FATHER

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 Ralph C. Lindner

Licensed Embalmer No. 4275

P. O. Address: St. Louis, Mo

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.