No. 2
-1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 12 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10172
3167

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:
(a) County: Jefferson
(b) City or ~~town~~: St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 816 Hamilton Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community: 9 Years

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.: 816 Hamilton Blvd.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Herbert Bernard Fox
3. (b) If veteran, name war: None
3. (c) Social Security No.: 345-03-0602

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Myra Slaten Fox
6. (c) Age of husband or wife if alive: 64 years
7. Birth date of deceased: September (Month) 24 (Day) 1874 (Year)

8. AGE: Years 73 Months 6 Days 7 If less than one day ..... hr. ..... min.

9. Birthplace: Ithaca (City, town, or county) Michigan (State or foreign country)
10. Usual occupation: Stillman
11. Industry or business: Oil Refinery

FATHER
12. Name: Unknown Unknown
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name: Unknown Unknown
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant: Lester N. Fox
(b) Address: 921 Main St. Alton Ill.
17. (a) ~~Burial~~ (~~Burial, cremation, or~~ removal) (b) Date thereof: Apr. 2, 1948 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~: Alton, Illinois.
18. (a) Signature of funeral director: Robert H. Streeper
(b) Address: 2521 Edwards St. Alton, Ill.
19. (a) APR 1 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31 year 1948 hour 4 minute 30 A.M.
21. I hereby certify that I attended the deceased from March 10, 1948 to March 31, 1948, that I last saw him alive on March 30, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac death	
Chronic myocarditis	6 mos +
Chronic pericarditis	3 mos +
Due to: Cause unknown	
Deceased had suffered for five	
Due to: years with Myocarditis	
ASN	
Other conditions (Include pregnancy within 3 months of death): Hydrothorax Right Pleuritis left.	

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following: No
(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: Fred W. Clark (M. D. or other M.D.)
Address: 816 Hamilton Blvd St. Louis 12 Mo Date signed: 4-1-48

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Robert H Streeper

Licensed Embalmer No. 2474

P. O. Address Alton, Ill.

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.