

No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

42063

State File No.

FILED DEC 31 1948
Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 2774

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Arbor Terrace
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Our Lady of Good Counsel Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6-months (Specify whether years, months or days)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Minnie Fox

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced S.

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

7. Birth date of deceased: Unk. Unk. 1870
(Month) (Day) (Year)

8. AGE: Years 78 Months Unk. Days Unk. If less than one day hr. _____ min. _____

9. Birthplace: St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name James P. Fox

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Faherty

15. Birthplace _____ Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Esther Fox

(b) Address 3540 N. Grand Blvd.

17. (a) Burial (b) Date thereof 12-2-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Arthur J. Jonnelly
3840 Lindell Blvd.

(b) Address _____

19. (a) 12-1-48 (b) David V. Linger
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

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

(d) Street No. 3540 N. Grand Blvd.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29th. year 1948 hour 8 minute 30 p. M.

21. I hereby certify that I attended the deceased from July-3rd 1948 to 12-18-1948 1948

that I last saw h. er alive on _____ 1948

and that death occurred on the date and hour stated above

Immediate cause of death: Coronary Artery PT Duration 5 Mo
2 strokes - thrombosis left first stroke

Due to Genitalis arteria sclerosis 1.

Due to Hypertension - Arteriosclerosis 3

Other conditions: Anemia - Nasal Fed since 4 Mo
(Include pregnancy within 3 months of death)
First stroke

Major findings: _____

Of operations: Died in home of incurable

Of autopsy: None

PHYSICIAN _____ Underline true 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? _____

(e) Place: _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature John D. Timm (M. D. or other) _____

Address 3734 - Jennings Rd. Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

12-30-48

373X
PINE LAWN
Jennings Rd.
E.S. 1968

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..... *W H Van Matre* ..
Licensed Embalmer No. *2825* ..
P. O. Address..... *4340 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.