

FILED JUL 7 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 22091

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1314

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>no</i>		
b. CITY (If outside corporate limits, write RURAL and give township) <i>Rural - Airport Township</i>		c. LENGTH OF STAY (in this place) <i>8 years</i>	c. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		<i>17</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>JEWISH SANATORIUM Robertson Mo</i>			d. STREET ADDRESS (If rural, give location) <i>2307 N. Kingshighway</i>		

3. NAME OF DECEASED (Type or Print) a. (First) <i>Fannie</i> b. (Middle) <i>Fox</i> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <i>May 29, 1949</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Unknown</i>		9. AGE (In years last birthday) Months Days <i>Abt. 79</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>At home</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Russia</i>		12. CITIZEN OF WHAT COUNTRY? <i>6</i>

13a. FATHER'S NAME <i>Unknown</i>		13b. MOTHER'S MAIDEN NAME <i>Unknown</i>		14. NAME OF HUSBAND OR WIFE <i>Louis Fox</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Harry Fox - 2307 N. Kingshighway</i>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>acute edema of lung (left ventricular failure)</i>			INTERVAL BETWEEN ONSET AND DEATH <i>5 hours</i>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>arteriosclerotic heart disease and general arteriosclerosis</i>			<i>since many years</i>
		DUE TO (c) <i>Diabetes mellitus (amputation of both legs in 1941)</i>			<i>about 20 years</i>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>4/2/49</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *May 18*, 1949, to *May 29*, 1949, that I last saw the deceased alive on *May 29*, 1949, and that death occurred at *9 P.m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Helga S. ... M.D. (1)</i>		23b. ADDRESS <i>Jewish Sanatorium Fes Pas Road, Robertson, Mo.</i>		23c. DATE SIGNED <i>5/29/49</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>5/31/49</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Chesed Shel Emeth Cem.</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis County, Mo.</i>		
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DATE REC'D BY LOCAL REG. <i>5-31-49</i>	REGISTRAR'S SIGNATURE <i>Shirley L. ...</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Herman ... 5216 ...</i>		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

96  
2  
2

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*John Kettes*  
Licensed Embalmer No. 3880

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.