No. 300
10-48

FILED DEC 12 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39587

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 04586

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

1. PLACE OF DEATH
a. COUNTY ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RICHMOND HEIGHTS.
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ST.MARYS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS
d. STREET ADDRESS (If rural, give location) 4531 McPHERSON AVE.,

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) DIMMITT c. (Last) FOX.
4. DATE OF DEATH (Month) (Day) (Year) Dec. 3, 1949
5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept. 30,1911
9. AGE (In years last birthday) 38 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Chicago, illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Fred W. Dimmitt.
13b. MOTHER'S MAIDEN NAME Stella Van Devur.
14. NAME OF HUSBAND OR WIFE JohnJ. Fox.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. ?
17. INFORMANT'S SIGNATURE OR NAME ADDRESS John J.Fox;4531 McPherson Ave.,

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Intestinal Obstruction — INTERVAL BETWEEN ONSET AND DEATH 1 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Internal Herniation, Ileum through congenital defect in mesentery
DUE TO (c).

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pregnancy vii mo, still birth Wound disruption - fistula 5701

19a. DATE OF OPERATION Nov 1 / Nov 19 1949
19b. MAJOR FINDINGS OF OPERATION Pregnancy Ac. obstruction of small Intestine - Fistula of ileum
20. AUTOPSY? YES [X] NO [ ]

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) 570.1
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 19, 1949, *to* Dec 3, 1949, *that I last saw the deceased alive on* Dec 2, 1949 *and that death occurred at* 6:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE E. Lawrence Keyes MD (Degree or title) MD
23b. ADDRESS 4952 Maryland St Louis 8
23c. DATE SIGNED Dec 3, 1949
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec.6,1949
24c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery
24d. LOCATION (City, town, or county) (State) St.Louis County,Mo.
DATE REC'D BY LOCAL REG. DEC 3 1949
REGISTRAR'S SIGNATURE Herbert R. Wombe MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R.Lupton & Sons;7233 Delmar Blvd

(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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed Clarence H. Murray

Signed.....
Student Embalmer

Licensed Embalmer No. 4011

P. O. Address St Louis, M

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.