

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40224

State File No.

No. 300
10.48

FILED DEC 8-1951

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6676 Registrar's No. 3874

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN R.R.#2 Creve Coeur		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN R.R.#2 Creve Coeur 4730	
c. LENGTH OF STAY (In this place) 2 1/2		d. STREET ADDRESS (If rural, give location) Sarah Lane R.R.#2	
d. FULL NAME OF HOSPITAL OR INSTITUTION Sarah Lane R.R.#2		e. FULL NAME OF HOSPITAL OR INSTITUTION Sarah Lane R.R.#2	

3. NAME OF DECEASED (Type or Print) a. (First) Edwin b. (Middle) Fox c. (Last) Fox			4. DATE OF DEATH (Month) (Day) (Year) Dec. 1, 1951			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Separated	8. DATE OF BIRTH Oct. 18, 1889	9. AGE (In years last birthday) 62	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) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U

13a. FATHER'S NAME Robert Fox	13b. MOTHER'S MAIDEN NAME Ellen Theresa Mc Guigan	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) W.W.#1 490-12-1357	17. INFORMANT'S SIGNATURE OR NAME Jay Allan Fox	ADDRESS R.R.#2 Creve Coeur, Mo.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 2 hrs.	
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) Hypertensive Cardiac Condition			3 yrs.
	DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)	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 Nov. 16, 1948, to Dec 1, 1951, that I last saw the deceased alive on Nov. 30, 1951, and that death occurred at 10A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William Sinclair M.D.	23b. ADDRESS 2202 University St.	23c. DATE SIGNED Dec 3/95
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-4-1951	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. 12-3-51	REGISTRAR'S SIGNATURE Robert R. Donohue	25. FUNERAL DIRECTOR'S SIGNATURE Cullinane Bros.	ADDRESS 3320 N. Kingshighway
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Fred Truck

Licensed Embalmer No. 3186

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.