No. 300
10.48

FILED FEB 25 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7547

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1344

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis Mo.

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) 3458 Giles Ave.

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 2169

d. STREET ADDRESS (If rural, give location) 16 3458 Giles 0

3. NAME OF DECEASED (Type or Print) a. (First) Thomas C. Fox b. (Middle) c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) Feb.3,1953

5. SEX male 0

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH Dec.21,1889

9. AGE (In years last birthday) 63 | 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) Railroad Clerk

10b. KIND OF BUSINESS OR INDUSTRY S

11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. 0

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Thos. Fox

13b. MOTHER'S MAIDEN NAME Mary Walsh

14. NAME OF HUSBAND OR WIFE Margaret

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME Marg.Fox 3458 Giles ADDRESS

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) Coronary Thrombosis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ 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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 11201

22. *I hereby certify that I attended the deceased from* 2/3 *1953 to* 2/3 *, 1953, that I last saw the deceased alive on* _____ *, 19*___*, and that death occurred at* 130p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Charles C Drake MD

23b. ADDRESS 5707 Gravois

23c. DATE SIGNED 2/4

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 2-6-53

24c. NAME OF CEMETERY OR CREMATORY Resurrection

24d. LOCATION (City, town, or county) (State) St.LouisCounty,Mo.

DATE REC'D BY LOCAL REG. FEB 4 1953

REGISTRAR'S SIGNATURE J Carl Smith MD MDC

25. FUNERAL DIRECTOR'S SIGNATURE SouthernFuneralHome ADDRESS 6322 S. Grand

(Licensed Embalmer's Statement on Reverse Side)

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

Microfilmed

Dr. C.C. Drace

3702 Gravois LA, 7383

12 oclock

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 David Van Fossen

Licensed Embalmer No. [illegible]

P. O. Address 6522 So Grand

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.