

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26340

State File No. 5909  
Registrar's No.

FILED JUL 31 1953

318

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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	c. LENGTH OF STAY (In this place) <u>13 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Alton</u> <u>8120</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Childrens Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>611 East 7th St.</u> <u>8</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>RONALD</u>	b. (Middle) <u>William</u>	c. (Last) <u>Fox</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6</u> <u>12</u> <u>1953</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>Oct. 7, 1952</u>	9. AGE (In years last birthday) <u>18</u>	IF UNDER 1 YEAR Days _____	IF UNDER 1 YEAR Hours _____	IF UNDER 1 YEAR Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Carrollton, Ill</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>JUNIOR Fox</u>	13b. MOTHER'S MAIDEN NAME <u>MELVA Gontren</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>M. McNeil</u>	ADDRESS <u>500 So. Kings Highway</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>5272</u>
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22. I hereby certify that I attended the deceased from 6-5-, 1953, to 6-12-, 1953, that I last saw the deceased alive on 6-12-, 1953, and that death occurred at 5:30 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. L. Shuster M.D.</u>	23b. ADDRESS <u>500 South Kingshighway</u>	23c. DATE SIGNED <u>6-12-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>6-13-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Shettley Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lutesville, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>JUN 13 1953</u>	REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D. R.K.P.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Albert H. Hoppe</u>	ADDRESS <u>4700 Washington</u>
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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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*J. W. Binkley*

Licensed Embalmer No. 3653

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.