

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 16 1954

State File No. 42376
Registrar's No. 10716

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY _____ 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MO. b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) Oct. 14, 1953 c. CITY OR TOWN St. Louis d. Is Residence within limits of a city or incorporated town? Yes No
OR Nov. 23, 1954 St. Louis

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Chronic Hospital. e. STREET ADDRESS (If rural, give location) 12249 24 1949 Utah Street

3. NAME OF DECEASED a. (First) James b. (Middle) B. c. (Last) Fox. 4. DATE OF DEATH (Month) (Day) (Year) November 23, 1954

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Jan 19 1890 9. AGE (In years last birthday) 64 IF UNDER 1 YEAR Months _____ IF UNDER 24 HRS. Days _____ Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fur Buyer 10b. KIND OF BUSINESS OR INDUSTRY R.C. Taylor Fur Co 11. BIRTHPLACE (City and State or Foreign Country) Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Bernard Fox. 13b. MOTHER'S MAIDEN NAME Catherine Fortune 14. NAME OF HUSBAND OR WIFE Emma Fox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. Dont Know 17. INFORMANT'S SIGNATURE OR NAME Emma Fox ADDRESS 2328a S. 9th St/.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tleus due to Mesenteric Thrombosis INTERVAL BETWEEN ONSET AND DEATH _____
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) Arteriosclerotic Heart Disease
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) and generalized arteriosclerosis.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT (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? 4200

22. I hereby certify that I attended the deceased from Oct. 14, 1953, to Nov. 23, 1954, that I last saw the deceased alive on Nov. 23, 1954, and that death occurred at 1205A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George M. Tanaka, M.D. 23b. ADDRESS 5800 Arsenal St. 23c. DATE SIGNED 11-23-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Nov 26 1954 24c. NAME OF CEMETERY OR CREMATORY St. Peter & Paul Cemetery 24d. LOCATION (City, town, or county) (State) St. Louis Mo.

DATE REC'D BY LOCAL REG. NOV 24 1954 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE Weick Bros ADDRESS 2201 S. Grand Blvd.

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.....
Signature of Student Embalmer

Signed *J. Allen Davis*.....
Licensed Embalmer No. *40*.....
P. O. Address *Law*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.