MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-048338
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12382

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

FILED JAN 2 1963

1. PLACE OF DEATH a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Length of stay in 1b 9-17-41 12-23-62

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Chronoc Hospital Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY

c. CITY OR TOWN St. Louis, Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 4035 Cottage Ave. Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First MARY Middle Last FOX

4. DATE OF DEATH Month Dec Day 23 Year 1962

5. SEX Female

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 3-17-1877

9. AGE (last birthday) 85 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Ireland.

12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME Patrick Sacka

13b. MOTHER'S MAIDEN NAME Julia Walsh

14. NAME OF HUSBAND OR WIFE JAMES FOX (Dec-D)

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

16. SOCIAL SECURITY NO. NoNe

17. INFORMANT AGNES FOX Address 4035 COTTAGE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c) 420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9-17-41, to 12-23-62 and last saw ~~alive~~ her on 12-23-62

Death occurred at 3,40 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Joseph C. Crust MD (Degree or title)

22b. ADDRESS Chronoc Hosp.

22c. DATE SIGNED 12-24-62

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE Dec 26, 1962

23c. NAME OF CEMETERY OR CREMATORY CALVARY CEM.

23d. LOCATION (City, town, or county) ST. LOUIS (State) Mo.

24. FUNERAL DIRECTOR Thomas Kutis ADDRESS 2906 Gravois

25. DATE REC'D BY LOCAL REG. DEC 24 1962

26. REGISTRAR'S SIGNATURE Earl Smith. M.D.

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	211		1/-
3			
4	1		
5	1		
6			
7	2		
8	2		
9			
10			
11			
12	76-0		
13			

76

BY AFFIDAVIT OF DOCUMENT

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_____ Signed Eleanor Lovine

Signature of Student Embalmer

Licensed Embalmer No. 3403

P. O. Address 2906 Grove

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.