

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH  
 96 County St. Louis Registration District No. 790  
 2 Township Central Primary Registration District No. 6033 File No. 41514  
 7 City Clayton (No. St. Louis County, Mo.) Registered No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

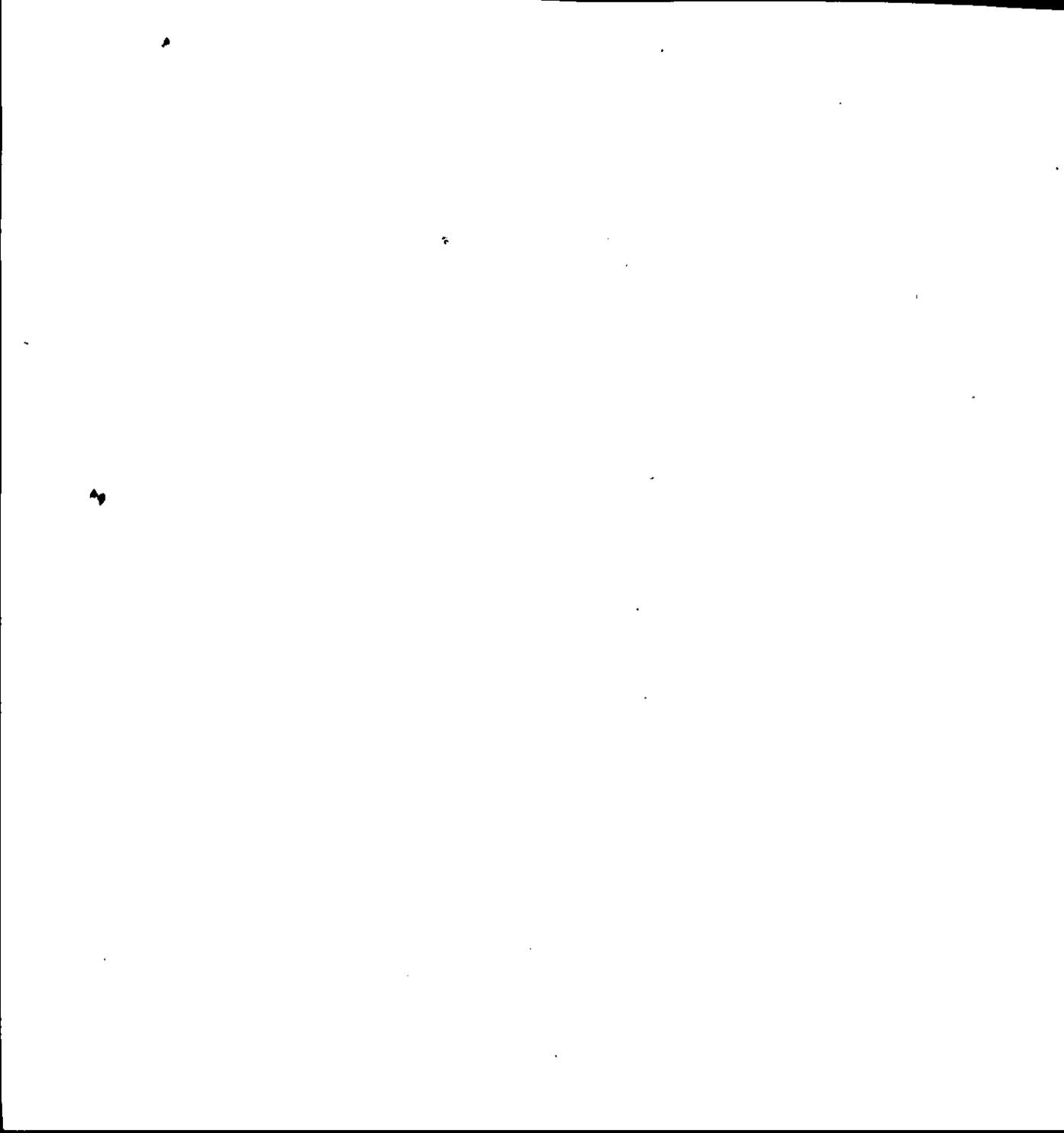
2. FULL NAME Sarah L. Fox  
 (a) Residence, No. 8755 Nat. Bridge St. \_\_\_\_\_ Ward. \_\_\_\_\_ (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marion Fox  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 12 - 1841  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
91 4 3 0 0 0  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois  
 13. NAME Squire Hall  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois  
 15. MAIDEN NAME Matilda Johnson  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois  
 17. INFORMANT (ADDRESS) Mrs. T. O. Walton  
45 21 Washington  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla DATE Dec 14 37  
 19. UNDERTAKER (ADDRESS) Harrigan & Sheahan  
4415 Washington  
 20. FILED No. 13, 1932, R.W. Sullivan Registrar.

**MEDICAL CERTIFICATE OF DEATH**

3  
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 12, 1932  
 22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1932, to Dec 12, 1932.  
 I last saw him alive on Dec 12, 1932. Death is said to have occurred on the date stated above, at 11:50 a.m.  
 The principal cause of death and related causes of importance were as follows:  
1 Pneumonia (Cardiac) Date of onset \_\_\_\_\_  
22A  
111B  
167 1  
 Other contributory causes of importance:  
Cerebral hemorrhage  
Senility  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_ (Hiller)  
 (Signed) Samuel Hiller, M. D.  
 (Address) St. Louis R.D. Hospital



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County St. Louis  
Township  
City Clayton (No. \_\_\_\_\_)

Registration District No. 790  
Primary Registration District No. 6033

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER FATHER  
13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED Dec 13 1933 R. W. Sullivan Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 - 12 1932

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:

Presumed cardiac  
hypostatic  
Date of onset \_\_\_\_\_

Other contributory causes of importance:

Cerebral hemorrhage  
senility  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) \_\_\_\_\_, M. D.  
(Address) \_\_\_\_\_

**SUPPLEMENTARY**

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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