

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

Do not use this space.

28008

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. 4333, Delmar Bld St. 19 Ward)

File No.....
Registered No. 7082
St. 19 Ward)

2. FULL NAME

(a) Residence No. Jeremiah Fox St. 19 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. 19 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
About 79 - - -

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Watchman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cy. Water W. & Co.
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) Ireland

13. NAME Jeremiah Fox

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 9

15. MAIDEN NAME Unknown

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

17. INFORMANT Stella Fox
(ADDRESS) 4333 Delmar Bld

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Aug 17 1933

19. UNDERTAKER Arthur J. Donnelly, Inc. Co.
(ADDRESS) 3070 Broadway Bld

20. FILED AUG 16 1933 J. P. Redick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15 1933

22. I HEREBY CERTIFY, That I attended deceased from 1913 1933 to Aug 15 1933

I last saw him alive on Aug 6 1933 Death is said to have occurred on the date stated above, at 4:40 a.m.

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

Gangrene of Date of onset 5 weeks
97 Left Foot
985

Other contributory causes of importance:
Arterio Sclerosis 20 years

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No

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? No
If so, specify.....

(Signed) O. C. Cairns M. D.
(Address) 320 Metro. Bldg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 20 1933

No Names

Met Ra

Je 5101