448
S. No. 2
—11-10-39
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1 X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20461

Registration District No. 7 FEB. JUN 17 1940 Primary Registration District No. 1003 Registrar's No. 5469

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Days (Specify whether
In this community years, months or days) 200

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County

(c) City or town St Louis 18
(If outside city or town limits, write "RURAL")

(d) Street No. 1408 So Newstead Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Ella Fox (Elnora)

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. (Month) 11 (Day) 1865 (Year)

8. AGE: Years 75 Months 4 Days 10 If less than one day hr. min.

9. Birthplace Franklin County (City, town, or county) Illinois (State or foreign country) 1

10. Usual occupation Housework at home 1

11. Industry or business 1

FATHER
12. Name John Fox
13. Birthplace (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Sarah Rainer
15. Birthplace (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Frank Taylor
(b) Address 8706 Elliot Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-24-40 (Month) (Day) (Year)
(c) Place: burial or cremation St John's Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway

19. (a) JUN 24 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21, year 1940 hour 12:05 minute P. M.

21. I hereby certify that I attended the deceased from June 12, 1940 to June 21, 1940 that I last saw her alive on June 21, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature E R Crews (M. D. or other)
Address 1515 Lafayette, Date signed 6/21/40

(Licensed Embalmer's Statement on Reverse Side)

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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Reinhold R. Lohrmann

Licensed Embalmer No. 3395

P. O. Address _____

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, above space should be left blank.