

No. 2
13-40
17-39
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FILED SEP 25 1940 791

Primary Registration District No. 1003

Registrar's No. 7183

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

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution: 2134 Victor St. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME George T. Fox JM

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Lilly E. 6. (c) Age of husband or wife if alive 65 yrs

7. Birth date of deceased May 28 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	2	24	hr. min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Policeman, Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Martin Fox

13. Birthplace Ireland 5
(City, town, or county) (State or foreign country)

14. Maiden name Ella Williams

15. Birthplace Grafton, Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Lilly E. Fox

(b) Address 2134 Victor St.

17. (a) Burial Burial (b) Date thereof Aug. 26, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cem.

18. (a) Signature of funeral director J. H. Beckwith & Ward, So.
(City, town, or county)

(b) Address 2630 Gravois Ave.

19. (a) AUG 26 1940
(Date received local registrar)

(b) J. D. Braddock
(Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington

(c) City or town Belgrade, Mo. NR
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 22nd
year 1940 hour 9 minute 40 P. M.

21. I hereby certify that I attended the deceased from _____ to _____
that I last saw him alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Pending

Due to Chronic Interstitial

Other conditions Hepatitis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 131

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)

23. While at work _____ (a) Means of injury 5

23. Signature Joseph M. ... (M. D. or other) _____
Address Deputy ... Date signed _____

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 *Robert F. Gibken*

Licensed Embalmer No. 4144
2842 Meramec St.
P. O. Address St. Louis, Mo.

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, fact should be so stated above.