

Registration District No. **791**

Primary Registration District No. **1003**

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: **Jewish Hospital**
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5696 Kingsbury Blvd.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Ray Fox**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **Frank Fox** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **March 23 1858**
(Month) (Day) (Year)

8. AGE: Years **84** Months **1** Days **3** If less than one day hr. _____ min. _____

9. Birthplace **Germany**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business _____

MOTHER FATHER { 12. Name **Paul Weinstein**
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Pauline Washauer**
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Eva Fox**
(b) Address **5696 Kingsbury Blvd.**

17. (a) **Burial** (b) Date thereof **4-28-1942**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Mt. Sinai Cemetery**

18. (a) Signature of funeral director **Herman Rindfleisch**
(b) Address **5216 Delmar Blvd.**

19. (a) **ADD 90 1042** (b) **J. J. Brodeck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **26**
year **1942** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **1935**
19 _____, to **Apr 26** 19**42**

that I last saw her alive on **Apr 26** 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **lobar pneumonia** Duration **4 da**

Due to **108**

Other conditions **Chr. Myocarditis** **6 yrs**
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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?

23. Signature **Dr. William A. Traubenthal** (Specify type of place) _____
Address _____ Date signed _____
While at work? _____ Means of injury _____
(Date received local registrar) (Other)

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, *Chas. W. Cooper*
Licensed Embalmer No. *3830*
P. O. Address *5716 Delaware*

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.