

FILED JUL 28 1942

Registration District No. 791

Primary Registration District No. 1003

State File No.

Registrar's No.

6161

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town
(c) Name of hospital or institution: City Sanitarium 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 mos. 2 days.
In this community About 49 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. Jewish Sanitarium, Robertson, Mo. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME

LOUIS FOX

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male (1) 5. Color or race white
6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Fannie Fox
6. (c) Age of husband or wife if alive UNK years

7. Birth date of deceased May 14, 1871 (Month) (Day) (Year)

8. AGE: Years 71 Months 2 Days 6 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) 4 Poland (State or foreign country)

10. Usual occupation Tailor

11. Industry or business

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown 4 Poland (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown 4 Poland (City, town, or county) (State or foreign country)

16. (a) Informant Alice Post
(b) Address City Sanitarium

17. (a) Burial (b) Date thereof 7/21/42 (Month) (Day) (Year)
(c) Place: burial or cremation Church of the Holy Spirit

18. (a) Signature of funeral director Berger Memorial
(b) Address 214 4745 W. Chatham St. St. Louis, Mo.

19. (a) (Date received local registrar) (b) J. S. Brudick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 year 1942 hour 12:15 minute A. M.

21. I hereby certify that I attended the deceased from 3-18-42 19 to 7-20-42 19 that I last saw him alive on 7-20-42 19 and that death occurred on the date and hour stated above.

Immediate cause of death Gen Arteriosclerosis 3-18-42x

Due to Terminal Broncho Pneumonia 7-15-42

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 107
Of autopsy No 107

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?

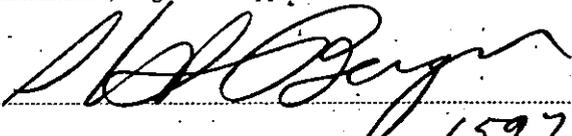
While at work? (Specify type of place) (e) Means of injury
23. Signature J. R. Ridlman (M. D. or other)
Address 5400 Arsenal St. Date signed 7-20-1942

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

8844 (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  _____
Licensed Embalmer No. 1597
P. O. Address 4715 McCheson

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.