

S. No. 2
M-2-43
5-17-40
X35697

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED MAR 14 1947 318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6275

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 2101

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home 1211 Chouteau!
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community 40 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County 000
(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1211 Chouteau?
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country.

3. (a) PRINT FULL NAME

MABEL FOX

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife ROBERT J FOX

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Jan 6 to 1888
(Month) (Day) (Year)

8. AGE:

59 Years 1 Months 29 Days
59 hr. 29 min.

If less than one day

9. Birthplace Velpin Ind. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Elijah Payne

13. Birthplace Velpin Ind. 1
(City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant John Fox

(b) Address 1211 Chouteau

17. (a) (Burial, cremation, or removal) (b) Date thereof 3-6-1947
(Month) (Day) (Year)

(c) Place: burial or cremation Madison Hill

18. (a) Signature of funeral director Wm. J. Foley

(b) Address 501 Madison Ave

19. (a) (Date received local registrar) MAR 8 1947 (b) (Registrar's signature) J. J. ...

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5
year 1947 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from 3-4
1947 to 3-5 1947
that I last saw h. alive on 3-4 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Indigestion myocardial chronic

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?

While at work? (Specify type of place) (2) Means of injury

23. Signature H. J. Moore (M. D. or other) 0
Address 917-0018 Date signed 3-5-47

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

MOTHER FATHER

TUEG

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..... *Francis J. Lahey*

Licensed Embalmer No..... *2792*

P. O. Address..... *Madison Ill.*

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.