V. S. No. 2
0M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

1003 State File No. 15077

FILED MAY 9 1947 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4386

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis MO. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4214 W. Cook Av. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether In this community 17 Yr. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County 11 0 00
(c) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL") 17
(d) Street No. 4214 W. Cook Av. (If rural, give location) 9
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Sister Jennie Fox
3. (b) If veteran, name war No.
3. (c) Social Security No. Not any.
4. Sex F. 3
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed.
6. (b) Name of husband or wife Dead
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. 10th, 1870 (Month) (Day) (Year)

8. AGE: Years ~~1870~~ 76 Months 8 Days 16 If less than one day hr. min.
9. Birthplace Hopkins Ville Ky. (City, town, or county) (State or foreign country)
10. Usual occupation House Wife No
11. Industry or business
FATHER
12. Name Robert Hawkins
13. Birthplace Kentuckey (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Miss Minnie May Foex
(b) Address 4214 W. Cook Av
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-1 1947 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery
18. (a) Signature of funeral director Moses Adams
(b) Address 3849 W. Cook Place
19. (a) APR 30 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26 year 1947 hour 8 minute 20 A.M.
21. I hereby certify that I attended the deceased from Jan. 20 1942 to April 26 1947 that I last saw her alive on 4-24- 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypertensive Heart Disease c̄ Decompensation	
Due to arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 93	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause of 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) 0
While at work? (e) Means of injury
23. Signature Russell H. White (M. D. or other) M.D.
Address 2424a N. Sarah Date signed 4-28-47

Jefferson City Printing Co. (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 G. A. Green

Licensed Embalmer No. 7963

P. O. Address 2915 Franklin ave.

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.