FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1312

Registration District No. FILED MAR 8 1948 3487

Primary Registration District No. 6076

Registrar's No. 766

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Jefferson Barracks, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 6 Days (Specify whether years, months or days)
In this community: 6 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: ooo
(c) City or town: St. Louis (If outside city or town limits, write "RURAL")
(d) Street No.: 1807 So. 11th (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: FOX, William J.
3. (b) If veteran, name war: SPANISH AMERICAN
3. (c) Social Security No.: Unk
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Divorced
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: December (Month) 6 (Day) 1864 (Year)

8. AGE: Years	Months	Days	If less than one day
83	2	12	hr. min.

9. Birthplace: Mexico, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: None
11. Industry or business:
MOTHER / FATHER
12. Name: Unk
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name: Unk
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant: Registrar
(b) Address: VAH Jefferson Barracks, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb. 21, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: National Cemetery, J.B.
18. (a) Signature of funeral director: C. Hoffmeister U. & L. Co.
(b) Address: 7814 S. Broadway
19. (a) 2-18-48 (Date received local registrar) (b) Cecil A. Shaffer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 18 year 1948 hour 9:50 minute A. M.
21. I hereby certify that I attended the deceased from February 12, 1948, to February 18, 1948 that I last saw him alive on February 18, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: CARDIAC FAILURE	
Contributory cause:	
Uremia	
Due to: Hypertrophy of prostate	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy: No Autopsy performed	

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): None
(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)
While at work? (e) Means of injury
23. Signature: L.E. Stilwell (M. D. ~~or other~~)
Address: Jefferson Barracks, Mo. Date signed 2/18/48

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

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 Lewis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S Broadway

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.