

FILED JAN 11 1949 18
Registration District No. _____

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5601 Goodfellow Blvd.
(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

3. (a) PRINT FULL NAME Mary Elizabeth Fox

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

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced W. 2
6. (b) Name of husband or wife William E. Fox 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 24th., 1875
(Month) (Day) (Year)

8. AGE: Years 73 Months 0 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Mo. (1)
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Julius Ruppenthal
13. Birthplace N.Y. (1)
(City, town, or county) (State or foreign country)
14. Maiden name Josephine Naudin
15. Birthplace N.Y. (1)
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. George L. Hirt
(b) Address 5601 Goodfellow Blvd.

17. (a) Burial (b) Date thereof 12-31-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director [Signature] While at work? _____ (Specify type of place) (e) Means of injury _____
(b) Address 3840 Lindell Blvd.

19. (a) DEC 30 1948 (b) J. B. Karater (Registrar's signature) Address _____ Date signed 2-30-48
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5601 Goodfellow Blvd.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 29th.,
year 1948 hour 10 minute D. M.

21. I hereby certify that I attended the deceased from 9-11-48
_____, 19____, to 12-30-48, 19____;
that I last saw her alive on 2-29-48, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma cervix uteri Duration 6 yrs
also arteriosclerosis
coronary vessel cerebral
lesion 2 yrs

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? _____

23. Signature [Signature] (M. D. occupation) _____
Address 2739 N. Stone Date signed 2-30-48

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

eye changed by Paul Anty: 1-6-49.

2739 N. Grand Blvd.

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 W H VanMatre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.