

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

NOV 13 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 92777

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2259	
d. FULL NAME OF HOSPITAL OR INSTITUTION 712 O'Fallon St.		d. STREET ADDRESS (If rural, give location) 25 712 O'Fallon St.	

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) M. c. (Last) FOX			4. DATE OF DEATH (Month) (Day) (Year) Oct. 22 1952		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH July 29, 1887		9. AGE (In years last birthday) 65		10. UNDER 1 YEAR 11. UNDER 1 Mth.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk-Missouri Pacific R.R.Co.			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Joliet, Ill.
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME Michael Fox		13b. MOTHER'S MAIDEN NAME Mary Cooney		14. NAME OF HUSBAND OR WIFE Katie Fox	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Katie Fox	
				712 O'Fallon St.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Infarction.</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic Heart Disease</u> <u>1 yr</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>4200</u>	

22. I hereby certify that I attended the deceased from Oct 2, 1952, to Oct 11, 1952, that I last saw the deceased alive on Oct 11, 1952, and that death occurred at 6:15A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Johna. Carrier, MD</u>		(Degree or title)		23b. ADDRESS <u>462 N. Taylor - St. Louis, Mo.</u>	
23c. DATE SIGNED <u>Oct. 23, 1952</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 25, 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) <u>St. Louis, Mo.</u>		(State)	

DATE REC'D BY LOCAL REG. OCT 23 1952		REGISTRAR'S SIGNATURE <u>J. Charles Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kriegshauser</u>	
				ADDRESS 4228 S. Kingshighway Bl	

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Edwin A. McArthur* _____

Licensed Embalmer No. *3024* _____

P. O. Address _____

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.