

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6184

FILLED MAR 12 1954

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State File No. _____

1905

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u>				b. COUNTY _____	
b. CITY OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Enroute City Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>5705 Goethe Ave.</u>				<u>2027</u>	
3. NAME OF DECEASED (Type or Print) <u>RAY</u>			a. (First) _____		b. (Middle) <u>P.</u>		c. (Last) <u>FOX</u>		
4. DATE OF DEATH <u>Feb. 27 1954</u>		(Month) _____ (Day) _____ (Year) _____		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>March 17, 1932</u>		9. AGE (In years last birthday) <u>21</u>		10. F UNDER 1 YEAR _____ F UNDER 10 HRS. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student-Washington University</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? _____			
13a. FATHER'S NAME <u>Paul G. Fox</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Smalley</u>		14. NAME OF HUSBAND OR WIFE _____					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>497-32-2467</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Clara Fox</u> ADDRESS <u>5705 Goethe Ave.</u>					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of base of skull with extensive brain damage suffered when car operated by deceased went out of control due to (c) <u>hit struck tree in front of about 3483 Watson Road, about 3:05 am Feb. 27, 1954</u></u>					INTERVAL BETWEEN ONSET AND DEATH _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death or related to the disease or condition causing death.		DU TO (c) <u>hit struck tree in front of about 3483 Watson Road, about 3:05 am Feb. 27, 1954</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Accident</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, etc., unless indicated otherwise) <u>Street</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Mo.</u>		21d. HOW DID INJURY OCCUR? <u>see E8234</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb. 27 54 3:05 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>see E8234</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3:30 A. m.</u> , from the causes and on the date stated above. <u>31</u>									
23a. SIGNATURE <u>Patrick C. Taylor Coroner</u> (Degree or title) _____				23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>3.1.54.</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 2, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>MAR 1 1954</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Kriegshauser 4228 S. Kingshighway Bl.</u>					

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.....
Signature of Student Embalmer

Signed *William B. White*.....

Licensed Embalmer No. *729*.....

P. O. Address *722 B. White*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.