

23739

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5537

FILED AUG 2 - 1955

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 5537

BIRTH NO.		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>5537</u>	
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 (If outside corporate limits, write RURAL and give town) 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>St. Mary's Infirmary</u>				STREET ADDRESS (If rural, give location) <u>3156 Evans</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Isaac</u>		b. (Middle) <u>S.</u>		c. (Last) <u>Fox</u>	
4. DATE OF DEATH		(Month) <u>6</u>		(Day) <u>22</u>		(Year) <u>55</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Col.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Aug. 28, 1882</u>	
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		IF UNDER 2 HRS. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Storekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Confectionary</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Coffeerville, Miss.</u>		12. CITIZENRY OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Issac Fox</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Alice Putman</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Fannie Lindsey-3156 Evans</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ACUTE Friedlanders Pneumonia (left upper lobe)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Endogenic toxicosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>490X</u>			
22. I hereby certify that I attended the deceased from <u>May 21</u> , 19 <u>55</u> , to <u>June 21</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>June 21</u> , 19 <u>55</u> , and that death occurred at <u>5:20 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Dr. R. R. Rimmer</u>				23b. ADDRESS <u>Sight Clinical Group 3612 Enright</u>		23c. DATE SIGNED <u>June 24</u>	
24a. BURIAL, CREMATION REMOVAL (Specify)		24b. DATE <u>6-27-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo</u>	
DATE REC'D BY LOCAL REG. <u>JUN 27 1955</u>		REGISTRAR'S SIGNATURE <u>J. Charles Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>A.L. Beal Und. Co. - 4303 Delmo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

300

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.....

John K. ...

Licensed Embalmer No. 416

P. O. Address 2405 9th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.