

FILED AUG 10 1955

STANDARD CERTIFICATE OF DEATH

State File No. 24715

BIRTH NO. 0		REG. DIST. NO. 317		PRIMARY REG. DIST. NO. 542		Registrar's No. 1723			
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Ferguson		c. LENGTH OF STAY (In this place) 28 yrs		c. CITY OR TOWN Ferguson		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 224 Randolph Street				e. STREET ADDRESS 224 Randolph					
3. NAME OF DECEASED (Type or Print) a. (First) Morse			b. (Middle) Franklin		c. (Last) Fox		4. DATE OF DEATH (Month) (Day) (Year) July 25, 1955		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 28, 1893		9. AGE (In years last birthday) 61 If under 1 year: Months _____ Days _____ If under 1 mo. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Composer Printer			10b. KIND OF BUSINESS OR INDUSTRY Printing		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S.		
13a. FATHER'S NAME Morse Fox			13b. MOTHER'S MAIDEN NAME Elizabeth Driscoll			14. NAME OF HUSBAND OR WIFE Edna C. Fox			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War II			16. SOCIAL SECURITY NO. 489-01-1138		17. INFORMANT'S SIGNATURE OR NAME Edna C. Fox			ADDRESS Ferguson, Mo.	
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) Myocardial Coronary Thrombosis ANTECEDENT CAUSES DUE TO (b) Previous Coronary Thrombosis DUE TO (c) Causing Myocardial Thrombosis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 6 mo.	
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) 4201					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 4/10 , 19 55 , to 7/207 , 19 55 , that I last saw the deceased alive on 7/25 , 19 55 , and that death occurred at 1030 m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Dr. C. W. Glenn, D.O.				23b. ADDRESS 7320 Harrison Rd.			23c. DATE SIGNED 7/28/55		
24a. BURIAL CREMATION CREMATION		24b. DATE 7/29/55		24c. NAME OF CEMETERY OR CREMATORY New Picker Cem.		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			
DATE REC'D BY LOCAL REG. 7/28/55		REGISTRAR'S SIGNATURE Herbert B. Arnold, M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Chapel, Ferguson, Mo.				

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 *Melvin L. Kemp*

Licensed Embalmer No. 403

P. O. Address 3505 Cl...
Sh. Lane, Inc.

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.