

FILED APR 2 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10718**
2667

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri 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 OR TOWN St. Louis		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 5537 Walsh St				e. STREET ADDRESS (If rural, give location) 14 5537 Walsh St				
3. NAME OF DECEASED (Type or Print) CAROLINE			a. (First)		b. (Middle)		c. (Last) FOX	
4. DATE OF DEATH 3-13-1956		(Month) (Day) (Year)		5. SEX Female		6. COLOR OR RACE White		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH 12-22-1866		9. AGE (In years last birthday) 89		IF UNDER 1 YEAR Months _____ Days _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) England		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Henry Oughton			13b. MOTHER'S MAIDEN NAME Rebecca Wilson			14. NAME OF HUSBAND OR WIFE Julius Fox (Deceased)		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Hazel E. Fox ADDRESS 5537 Walsh 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION f. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Smile General arterio Sclerosis INTERVAL BETWEEN ONSET AND DEATH 5 years 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. Hypertension 334X 5 years						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION 450.0					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? _____				
22. I hereby certify that I attended the deceased from Sept 1 - 1951 , to March 13, 1956 , that I last saw the deceased alive on March 13, 1956 , and that death occurred at 7:15 Pm. , from the causes and on the date stated above.								
23a. SIGNATURE (Schuchat) (Degree or title) H Louis Schuchat, MD				23b. ADDRESS 3066 Flors Place		23c. DATE SIGNED March 14, 1956		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-16-1956		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery		24d. LOCATION (City, town, or county) (State) 4947 V. Florissant Ave Mo		
DATE REC'D BY LOCAL REG. MAR 15 1956		REGISTRAR'S SIGNATURE Carl Smith MD		FUNERAL DIRECTOR'S SIGNATURE Diegenheim Bros		ADDRESS 6409 Gravois Ave		

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

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.....
Lawrence J. Szymanski

Licensed Embalmer No.....
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P. O. Address.....
St. Louis

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