

FILED APR 12 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11672**

BIRTH NO.

REG. DIST. NO. **317**PRIMARY REG. DIST. NO. **531**Registrar's No. **791**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>University City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>University City</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>6351 Pershing Avenue</b>		d. STREET ADDRESS (If rural, give location) <b>6351 Pershing Avenue</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>MARIAN</b>		b. (Middle) <b>S.</b>	
c. (Last) <b>FOX</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 21st, 1956</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>October 12, 1873</b>
9. AGE (In years last birthday) <b>82</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	11. BIRTHPLACE (State or foreign country) <b>Hamilton, Ontario</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Unknown Smith</b>	
13b. MOTHER'S MAIDEN NAME <b>Elizabeth Tweedie</b>		14. NAME OF HUSBAND OR WIFE <b>Charles B. Fox</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Charles S. Fox</b>		ADDRESS <b>17 Oakleigh Lane</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Broncho pneumonia</i></b> <b>2. ANTECEDENT CAUSES</b> <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> <b>DUE TO (b) <i>Cerebral arteriosclerosis</i></b> <b>DUE TO (c)</b> <b>3. OTHER SIGNIFICANT CONDITIONS</b> <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>334x</b>	
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)	
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 <b>April 27, 1953</b> , to <b>March 21, 1956</b> , that I last saw the deceased alive on <b>March 21, 1956</b> , and that death occurred at <b>11:45 p. m.</b> , from the causes and on the date stated above.			
23. SIGNATURE (Degree or title) <b>Harriet B. Grant M.D.</b>		23b. ADDRESS <b>114 N. Taylor Ave</b>	
23c. DATE SIGNED <b>3/22/56</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Entombment</b>	
24b. DATE <b>3/24/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Mausoleum</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C. R. Lupton &amp; Sons</b>	
25. ADDRESS <b>7233 Delmar Blv'd.</b>		DATE REC'D BY LOCAL REG. <b>3-23-56</b>	
REGISTRAR'S SIGNATURE <b>Herbert R. Donohue</b>		REGISTRAR'S SIGNATURE <b>C. R. Lupton &amp; Sons</b>	

(Licensed by Registrar's Statement on Reverse Side)

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

300  
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County Visor

**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 *X* Arnold W. Schoen

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.