

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

29574

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis

Registration District No. 791  
Primary Registration District No. 1003

File No. ....  
Registered No. 8598  
Sl. .... Ward)

**2. FULL NAME** Carl R Cox

(a) Residence. No. 2834 Sicily St. 23 Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 11 - 1931

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	—	—	<u>28</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work.....  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) Mo.

<b>PARENTS</b>	10. NAME OF FATHER <u>Carl V. Cox</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>St. Louis</u> (STATE OR COUNTRY) <u>Mo.</u>
	12. MAIDEN NAME OF MOTHER <u>Pauline Gebken</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>St. Louis</u> (STATE OR COUNTRY) <u>Mo.</u>

14. INFORMANT Carl V. Cox  
(Address) 2834 Sicily St

15. FILED AUG -9, 1931 Miss O. Harker REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 8 1931

17. HEREBY CERTIFY, That I attended deceased from July 11, 1931, to Aug 8, 1931, that I last saw him alive on Aug 8, 1931, and that death occurred, on the date stated above, at 11:15 A. M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

1600 Sublethal haemorrhage  
SEM 600 (duration) yrs. mos. 28 ds.  
CONTRIBUTORY Injury at work  
(SECONDARY) (duration) yrs. mos. 28 ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....  
DID AN OPERATION PRECEDE DEATH? no DATE OF.....  
WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS clinical course  
(Signed) W. Schmidt, M. D.  
, 19 (Address) 2711 Adams St. St. Louis Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St Peter - Paul Bur DATE OF BURIAL Aug 10 1931

20. UNDERTAKER Miss Gebken 2637 ADDRESS Veris St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH—THIS IS A PERMANENT RECORD

