

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.

MAY 7 1937

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

Do not use this space.

14570

1. PLACE OF DEATH

County.....  
Township.....  
City..... **St. Louis, Mo.**

Registration District No. **791**  
**1003**  
Primary Registration District No. **City Infirmary**

File No.....  
Registered No. **4366**  
St. .... Ward)

2. FULL NAME **Emma Cox,**

(a) Residence, No. **City Infirmary** St., **13** Ward.

(Usual place of abode) **5800 Arsenal St.** (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

MEDICAL CERTIFICATE OF DEATH

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 26, 1937**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **George Cox.**

22. I HEREBY CERTIFY, That I attended deceased from **May 21, 1936.** 19 to 19

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 28, 1857.**

I last saw her alive on **April 26, 1937** Death is said to have occurred on the date stated above, at **5:00** m. **A.M.**

7. AGE YEARS **80** MONTHS **4** DAYS **30** If LESS than 1 day, hrs. or min.

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **None**  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **X**  
10. Date deceased last worked at this occupation (month and year) **X** 11. Total time (years) spent in this occupation

**Hypertensive Heart Disease** Date of onset

12. BIRTHPLACE (CITY OR TOWN) **Hammond, Missouri.** (STATE OR COUNTRY)

**Arteriosclerosis, Generalized**

13. NAME **Fred Montag**

Name of operation..... Date of.....

14. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY)

What test confirmed diagnosis?..... Was there an autopsy? **NO**

15. MAIDEN NAME **Minnie (unk)**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19.....

16. BIRTHPLACE (CITY OR TOWN) **unknown** (STATE OR COUNTRY)

Where did injury occur?..... (Specify city or town, county, and State)

17. INFORMANT **E. Molony,** (ADDRESS) **5800 Arsenal St.**

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Delors** DATE **Apr. 28, 1937**

Manner of injury.....

19. UNDERTAKER **Henry Leidner & Co** (ADDRESS) **1417 N. Market St.**

Nature of injury.....

20. FILED **1937** REGISTRAR **J. Bredeck**

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify..... (Signed) **St. Gray** M. D.

(Address) **5600 Arsenal**

APR 27 1937

