

Registration District No. 791

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Armen Mesloze Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 25 days  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT FULL NAME Berthold Cox, Jr.

8. (b) If veteran, name war None 3. (c) Social Security No. NONE

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dorothy Cox 6. (c) Age of husband or wife if alive 50 years 8, 1874

7. Birth date of deceased May (Month) (Day) (Year)

8. AGE: Years 66 Months 0 Days 6 If less than one day hr. min.

9. Birthplace Osborne Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman, Retired

11. Industry or business Hussman Refrigerator Company

12. Name John C. Cox

13. Birthplace Unknown Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jane West

15. Birthplace Mexico Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Dorothy Cox

(b) Address 4157a Lafayette Avenue

17. (a) Burial (b) Date thereof May 17, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Gemtery

18. (a) Signature of funeral director Wm J. Robert & V. Co.

(b) Address 1905 So. Grand Blvd.

19. (a) MAY 16 1940 (b) J. B. Beck  
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 17  
(d) Street No. 4157a Lafayette Avenue  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14  
year 1940 hour 6 minute 58 P M.

21. I hereby certify that I attended the deceased from 2-29, 1940, to 5-14, 1940

that I last saw him alive on 5-14, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Coronaria of uncertain  
Left upper lobe

Due to \_\_\_\_\_

Due to Generalized Arteriosclerosis  
Other conditions uncertain  
(Include pregnancy within 3 months of death)

Major findings: None  
Of operation Autopsy: Primary carcinoma left  
testes with secondary metastases to  
liver, lungs, spleen, and metastases to liver  
Of autopsy spleen, and metastases to liver

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury? MA

23. Signature G. O. Brown (M. D. or other) MA

Address Mesloze Hospital Date signed May 15/40

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

MOTHER FATHER

Al 3. 22  
3. 1. 17

**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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Howard F. Rowland.

Licensed Embalmer No. 3114

P. O. Address Paris, Mo.

**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 this body is not embalmed, above space should be left blank.**