

99
S. No. 2
M-1-4-41
v. 5-17-39
X26390

FILED MAY 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **12526**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **2956**

1. PLACE OF DEATH:

(a) County.....
(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 Mo. 9 Days**
(Specify whether years, months or days)
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **809 Rutger Ave.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Jennie Cox**

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

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

6. (b) Name of husband or wife **Geo. T. Cox**
6. (c) Age of husband or wife if alive **—** years

7. Birth date of deceased **June 25 1868**
(Month) (Day) (Year)

8. AGE: Years **72** Months **9** Days **8**
If less than one day hr. min.

9. Birthplace **No. Carolina**
(City, town, or county) (State or foreign country)

10. Usual occupation **Power Machine Operator**
11. Industry or business **New Era Shirt Factory**

MOTHER FATHER { 12. Name **Joseph Stout**

13. Birthplace **No. Carolina**
(City, town, or county) (State or foreign country)

14. Maiden name **Betty Noah**
15. Birthplace **No. Carolina**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. W. H. Stout**

(b) Address **809 Rutger Ave.**

17. (a) **Removal** (b) Date thereof **4-4-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Waylex Mo.**

18. (a) Signature of funeral director **Bish Funeral Home**
(b) Address **Waylex Mo.**

19. (a) **APR - 4 1941** (b) **J. P. Bredeck**
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **2**, year **1941** hour **7:15** minute **P.** M.

21. I hereby certify that I attended the deceased from **February 24, 1941** to **April 2, 1941**
that I last saw her **or** alive on **April 2, 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Right Kidney with Metastasis**

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify).....

(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.....

23. Signature **J. McDonald** (M. D. or other)

Address **1515 Lafayette** Date signed **4/3/41**

(Licensed Embalmer's Statement on Reverse Side)

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

90
17
9

Am. Co.
9609

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 H. Rawland*

Licensed Embalmer No. *3114*

P. O. Address *Thermon, 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, fact should be so stated above.