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S. No. 2
4-1-4-41
7. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26633

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6425

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 7 Days
In this community 65 years. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Tom Cox
3. (b) If veteran, name war none
3. (c) Social Security No. 491-14-9652

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

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive unknown. abt 1872 years (Month) (Day) (Year)

8. AGE: Years Abt 68 Months Days If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business O. T. Hodges Restaurant

12. Name Unknown

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

14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Frank Winger
(b) Address 1114 Franklin Ave.

17. (a) Burial (Burial, cremation, or other) (b) Date thereof Aug. 7.41 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of informant Frank Winger
(b) Address 1431 Union Blvd.

19. (a) AUG -6 1941 (Date received local registrar) (b) J. L. Credit (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State..... (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1114 Franklin Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4th, year 1941 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from July 29, 1941, to August 4, 1941; that I last saw him alive on August 4th, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease

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

Major findings: Of operations.....
Of autopsy.....

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?

23. Signature W. J. M. D. (Specify type of place) (e) Means of injury
Address 1515 Lafayette Ave. Date signed 8/5/41

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.