

FILED MAR 17 1942
791

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Firmin Desloge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
(Specify whether _____)
In this community 50 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 19. 0001
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4332 Delmar
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Harry Cox

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

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mary Cox
6. (c) Age of husband or wife if alive Deceased
7. Birth date of deceased July 20 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>6</u>	<u>27</u>	hr. min.

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

10. Usual occupation Unemployed

11. Industry or business None

MOTHER FATHER
12. Name William Cox
13. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Mary Pottenger
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Brother Hoar
(b) Address 7008 Ashland

17. (a) Burial (b) Date thereof 2-- 18-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director [Signature]
(b) Address 3934 N. 20th St.

19. (a) [Signature] (b) J. E. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day seventeenth
year 1942 hour three minute seven A.M.

21. I hereby certify that I attended the deceased from February 10, 1942 to February 17, 1942
that I last saw him alive on February 17, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis + Hypertensive cardio-vascular disease & long-time failure
Duration Uncertain

Due to _____
Due to _____
Other conditions Senile dementia
(Include pregnancy within 3 months of death)

Major findings: Of operations None performed
Of autopsy None permitted
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) 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) (a) Means of injury W.A.

23. Signature G. D. Brown (M. D. or other) MD
Address 1375 So. Grand Blvd. Date signed 2/18/42

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.....

Alfred J. Boedister

Licensed Embalmer No.....

2663

P. O. Address.....

5934 Alpha

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.