DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8833

FILED MAR 27 1944 318

Registration District No. ..... Primary Registration District No. 1003

Registrar's No. 2548

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

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: 2017 Biddle St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 17

(c) City or town St Louis (If outside city or town limits, write "RURAL") 921

(d) Street No. 2017½ Biddle St. (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Minnie (Mamie) Robinson Cox

3. (b) If veteran, name war No

3. (c) Social Security No. .....

4. Sex F.

5. Color or race C

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Thomas Cox

6. (c) Age of husband or wife if alive Abt 50 years

7. Birth date of deceased ? (Month) ? (Day) 1902 (Year)

8. AGE: Years 42 | Months — | Days — | If less than one day ..... hr. ..... min.

9. Birthplace Macon, Miss. (City, town, or county) 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name .....
15. Birthplace ..... (City, town, or county) 9 (State or foreign country)

16. (a) Informant Thomas Cox

(b) Address 2017 Biddle

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3 (Month) 17 (Day) 44 (Year)

(c) Place: burial or cremation Little Rock Ark.

18. (a) Signature of funeral director A. L. Beal Und. Co.

(b) Address 2726 Lucas Avenue

19. (a) MAR 16 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13 year 1944 hour 8 minute a M.

21. I hereby certify that I attended the deceased from 3-4-42 3-16, 1944, to ....., 19...; that I last saw her alive on 3-11, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death .....

Due to Chronic Myo-Carditis

Due to Chronic Rheumatism

Rheumatism

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93d

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature J. E. Amiss (M. D. ~~or other~~)

Address 2722 Franklin Date signed 3-16-44

(Licensed Embalmer's Statement on Reverse Side)

APR 18 1944

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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 4219 a E Garfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.