S. No. 2
M—8-43
5-17-39
P I. X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 31 1944

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22913

Primary Registration District No. 1002

Registrar's No. 6431

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:
Homer G. Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 28 days (Specify whether
In this community 16 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

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

(d) Street No. 1127 N. 19th St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Aaron Cox

3. (b) If veteran, name war

3. (c) Social Security No. 499 - 26 - 2884

4. Sex Male

5. Color or race 2 Negro

6. (a) Single, widowed, married, divorced 1 Married

6. (b) Name of husband or wife Eddie L cox

6. (c) Age of husband or wife if alive yes 28 years

7. Birth date of deceased 4 (Month) 26 (Day) 1911 (Year)

8. AGE: Years 33 Months 2 Days 23 ~~10~~ If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Frank cox
13. Birthplace miss (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Ruby Deprue
15. Birthplace Miss (City, town, or county) 1 (State or foreign country)

16. (a) Informant Eddie L cox
(b) Address 1127 n 19 st sLouis mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-21-44 (Month) (Day) (Year)

(c) Place: burial or cremation Glendora Miss

18. (a) Signature of funeral director Eagle & Broom
(b) Address 1415 Biddle St

19. (a) JUL 21 1944 (Date received local registrar) (b) J. F. Breuck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 19 year 1944 hour 6 minute 48 P.M.

21. I hereby certify that I attended the deceased from June 21, 1944 to July 19, 1944; that I last saw him alive on July 19, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death Brain Tumor- Malignant — Duration Abt. 1 month

Due to

Due to 54

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 0

23. Signature H. J. Erwin (M. D. ~~or other~~)
Address 2601 Whittier Date signed 7/21/44

(Licensed Embalmer's Statement on Reverse Side)

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: Chas. L. Howell

Licensed Embalmer No. 2452

P. O. Address: 2834 Gamble

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.