. S. No. 2
OM—8-43
ev. 5-17-39
1 X37623

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 25 1945

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 168

Registrar's No. 498

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: 2406 N. Whittier
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 37 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis, M
(If outside city or town limits, write "RURAL")
(d) Street No. 2406 N. Whittier
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ernest James Cox

3. (b) If veteran, name war No

3. (c) Social Security No. ?

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife Jessie

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased January (Month) 9th (Day) 1890 (Year)

8. AGE: Years 55 Months 0 Days 3 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business Mart Bldg. Med. Depot

FATHER
12. Name Warren Cox
13. Birthplace Owensboro, Kentucky
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Hannah ---
15. Birthplace Unavailable, Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Jessie Cox
(b) Address 2406 No. Whittier

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-18-1945 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Avenue

19. (a) JAN 17 1945 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12
year 1945 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 19, 1944, to January 6, 1945
that I last saw him alive on 12-6, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Dilatation

Due to Hypertensive Heart Disease Chronic

Due to

Other conditions Hypertrophic Arthritis
(Include pregnancy within 3 months of death)
Of Both Knees

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature John R. Lewis (M. D. or other)
Address 4129 West Pelletal Date signed

(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

Thomas J. Gates, Registered Apprentice No.

working under my personal supervision.

Signed Thomas J. Gates

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Ave.

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.**