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I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24926

FILED JUL 23 1945

State File No. 0

Registration District No. 317

Primary Registration District No. 6676

Registrar's No. [redacted] 1809

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility 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 57 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County —— 6

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1045 Riverview Drive 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME COX, Earl

3. (b) If veteran, name war World I

3. (c) Social Security No. 487 18 6501

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widower 2

6. (b) Name of husband or wife --

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

7. Birth date of deceased April (Month) 14 (Day) 1888 (Year)

8. AGE: Years 57 | Months 3 | Days 4 | If less than one day ___ hr. ___ min.

9. Birthplace St. Louis, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business --

FATHER
12. Name Jefferson Cox
13. Birthplace (City, town, or county) Tennessee 1 (State or foreign country)

MOTHER
14. Maiden name Annie Tibbitts
15. Birthplace (City, town, or county) Iowa 1 (State or foreign country)

16. (a) Informant Clinical Clerk, Vet. Adm. Fac.,
(b) Address Jefferson Barracks, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/20/45 (Month) (Day) (Year)
(c) Place: burial or cremation Natl Cem. Jeff.Bks.

18. (a) Signature of funeral director Stroot-Carroll
(b) Address ~~Burial~~ 4600 Natl. Bridge

19. (a) 7-19-1945 (Date received local registrar) (b) E. G. McGovern M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year 1945 hour 9:00 minute A.M.

21. I hereby certify that I attended the deceased from June 21, 1945, to July 18, 1945;
that I last saw him alive on July 18, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death CANCER OF THE RECTUM WITH METASTASIS. — Duration: Unknown

Due to --

46 d

Due to --

Other conditions --
(Include pregnancy within 3 months of death)

Major findings:
Of operations Colostomy, July 10, 1945

Of autopsy No 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) 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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature E. V. EDWARDS, LT. COL., (M. D. or other) M.C.,
Clinical Director.
Address Vet. Adm. Fac. Jeff. Bks., Mo. Date signed 7/18/45

707 (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. Ben E. Hoffman

Licensed Embalmer No. 4366

P. O. Address. St Louis, Mo

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.