. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 7 1945

State File No. 35155

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10321

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: 5416 Minnesota Ave., 1
(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:

(a) State Missouri (b) County 17

(c) City or town St. Louis 915
(If outside city or town limits, write "RURAL")

(d) Street No. 5416 Minnesota Ave., 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John Cox

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased February 11, 1864
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
81	9	15	hr. min.

9. Birthplace England 4
(City, town, or county) (State or foreign country)

10. Usual occupation Retired 22 Years

11. Industry or business City Water Department

FATHER
12. Name Unknown
13. Birthplace England 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace England 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth Cox
(b) Address 5416 Minnesota Ave.,

17. (a) Burial (b) Date thereof 11/29/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 S. Grand Blvd.

19. (a) NOV 28 1945 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26th
year 1945 hour 10 A.M. minute M.

21. I hereby certify that I attended the deceased from Sept 15, 1945, to Nov 26, 1945
that I last saw him alive on 11/23, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of Liver. Acute Hepatitis.

Due to Ca of Liver

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underli the caus which c should charged s tistically.

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. Granato M.D. (M. D. or other)

Address 5521 S. Broadway Date signed 11/27/45

(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 J. Wm Bentley

Licensed Embalmer No. 3653

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.