

No. 2  
-12-45  
-17-39  
X47070

**FILED JAN 7 1947**

Registration District No. **318**

Primary Registration District No. \_\_\_\_\_

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: **Park Lane Hospital,**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **4 months**  
In this community **33 years** (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County \_\_\_\_\_  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **4736 Louisiana**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **21**  
year **1946** hour **6** minute **30 A.M.**  
21. I hereby certify that I attended the deceased from **6-14-46**  
**1946**, to **12/21**, 19**46**;  
that I last saw him alive on **12/20/46**, 19**46**;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
**Ca. of Stomach**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Duration  
?  
PHYSICIAN  
Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

3. (a) PRINT  
FULL NAME

**Edward Cox,**

3. (b) If veteran,  
name war **no**

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

4. Sex **Male**  
5. Color or  
race **White**

6. (c) Single, widowed, married,  
divorced **Married**

6. (b) Name of husband or wife  
**Nellie**

6. (c) Age of husband or wife if  
alive **61** years

7. Birth date of deceased **April 10 1880**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>66</b>	<b>8</b>	<b>11</b>	_____ hr. _____ min.

9. Birthplace **Indiana**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Fireman**

11. Industry or business \_\_\_\_\_

12. Name **David Cox**

13. Birthplace **Indiana**  
(City, town, or county) (State or foreign country)

14. Maiden name **Eather Cornich**

15. Birthplace **Indiana**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Nellie Cox**

(b) Address **4736 Louisiana**

17. (a) **Burial** (b) Date thereof **12/23/46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St Marcus Cemetery**

18. (a) Signature of funeral director **Oscar J. Hoffmeister**

(b) Address **4016 Chippewa**

19. (a) **DEC 23 1946** (b) **J. F. Brodeek**  
(Date received local registrar) (Registrar's signature)

**St. Louis, Mo**

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

MOTHER FATHER

002  
15 17  
1946  
12/21

*Mit*

96607

**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 Allen Davis Jr*  
Licensed Embalmer No. *4953*  
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.**