

No. 2
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-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 27 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 535

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3432 Lawton Blvd
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Lelia Cox
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Col
6. (a) Single, widowed, married, divorced wid.
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Mar. 19 1896
(Month) (Day) (Year)

8. AGE: Years 50 Months 9 Days 26
If less than one day _____ hr. _____ min.

9. Birthplace Tenn. (City, town, or county) (State or foreign country)
10. Usual occupation Domestic

11. Industry or business _____
12. Name Mose Elliott
13. Birthplace Tenn. (City, town, or county) (State or foreign country)
14. Maiden name Annie Tyler
15. Birthplace Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant SEVERA COX
(b) Address 3432 LAWTON AVE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-18-47
(Month) (Day) (Year)
(c) Place: burial or cremation GREENWOOD CEMETERY

18. (a) Signature of funeral director Ellis FUNERAL HOME
(b) Address 2820 STADDARD ST
19. (a) JAN 17 1947 (Date received local registrar) J. F. Brudee (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 14
year 1947 hour 5 minute 35 P. M.
21. I hereby certify that I attended the deceased from Jan. 4, 1947 to Jan. 14, 1947;
that I last saw her alive on Jan 14, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of left Breast with Metastasis to left lung with Pleural Effusion
Duration Undet.
Due to _____
Due to _____
Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy No
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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature E. B. Williams (M. D. or other) _____
Address 2601 N Whittier Date signed 1/15/47

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

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 L Boyk
....., Registered Apprentice No. MM
working under my personal supervision.

Signed Lomnie Boykin

Licensed Embalmer No. 2946

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.