

FILED JUN 30 1947 18

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(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: St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether
In this community 18 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2121 S Miami
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Harry Frederick Cox

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Lucy 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Nov. 1884
(Month) (Day) (Year)

8. AGE: Years 38 Months 7 Days 6 If less than one day hr. _____ min. _____

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

10. Usual occupation Clerk

11. Industry or business Lutheran Hour

MOTHER FATHER { 12. Name John Cox
13. Birthplace England (City, town, or county) (State or foreign country) 4
14. Maiden name Emily Blandford
15. Birthplace England (City, town, or county) (State or foreign country) 4

16. (a) Informant Lucy Cox
(b) Address 2121a Miami

17. (a) removal (b) Date thereof 6-18-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burbon, Mo. (New Rock Cem)

18. (a) Signature of funeral director Allen Lee Jones
(b) Address 6175 Delmar

19. (a) JUN 18 1947 (b) J. F. Bredenk
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
year 1947 hour 3: minute 15 P. M.

21. I hereby certify that I attended the deceased from 5/24/47
to 6/16/47
that I last saw him alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia
Carcinoma of Bladder
Uremia & Toxemia

Due to _____

Due to _____

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

Major findings: _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:

(c) 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)
(c) Means of injury _____

23. Signature Carl A. Wattenberg (M. D. or other)
Address 3720 Washington Date signed 6/17/47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Thomas R. Denwick*

Licensed Embalmer No. *3793*

P. O. Address *6175 Delmar*

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.