

FILED JAN 9 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

42929

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11710

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:
5963 a Page Boulevard.
(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
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **5963 a Page Boulevard**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **ROBERT PRESSLEY COX**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **494 - 03 - 2761**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Sarah Irene Cox** 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased **February 21, 1873**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 10 1 ..hr. min.

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

10. Usual occupation **Watchman**

11. Industry or business **Retired 1 year**

12. Name **John P. Cox**

13. Birthplace **Illinois**
(State or foreign country)

14. Maiden name **Elizabeth Owen**

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

16. (a) Informant **Mrs. Edna D. Degener**
(b) Address **5963 a Page Boulevard**

17. (a) **Burial** (b) Date thereof **Dec 24, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Baldwin, Illinois**

18. (a) Signature of funeral director **Shepard Funeral Home**
(b) Address **1167 Hamilton Avenue**

19. (a) **DEC 23 1947** (b) **J. J. Bradack**
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **22**, 1947
year **10** hour **30** minute **A** M.
21. I hereby certify that I attended the deceased from **Sept 30** 19**46** to **Dec 22** 19**47**
that I last saw him alive on **Dec 22** 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion
arterio-sclerotic
heart disease**
Due to.....
Due to.....

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

Major findings:
Of operations.....
Of autopsy.....

PHYSICIAN
Underline the cause of 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?..... (e) Means of injury.....
23. Signature **A. F. Bergman** (M. D. or other) **M.D.**
Address **3720 Washington** Date signed **12/23/47**

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

MOTHER FATHER

Dr. Ben G. ...
830930
7-3

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..... *W. Wilburson*

Licensed Embalmer No..... *3575*

P. O. Address.....

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.