S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 14 1948

Registration District No. 5 17

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 11033

Registrar's No. 927

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 14 days (Specify whether years, months or days)
In this community: 12 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Illinois (b) County: Saint Clair
(c) City or town: E. St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No.: 229 No. 1st St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: COX, Corbett M.
3. (b) If veteran, name war: I
3. (c) Social Security No.: 355 01 0878
4. Sex: Male
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife: none
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: October 23, 1892 (Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 55 | 5 | 12 | hr. min. |

9. Birthplace: Chester, Illinois (City, town, or county) (State or foreign country)
10. Usual occupation: Handyman
11. Industry or business: —
12. Name: Sandy Cox (FATHER)
13. Birthplace: Chester, Ills. (City, town, or county) (State or foreign country)
14. Maiden name: Alice Jaston (MOTHER)
15. Birthplace: Chester, Ills. (City, town, or county) (State or foreign country)
16. (a) Informant: Registrar
(b) Address: VAH, Jeff. Brks., Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-10-48 (Month) (Day) (Year)
(c) Place: burial or cremation: National Cem.
18. (a) Signature of funeral director: Beal Fun. Home
(b) Address: 4303 Delmar, St. Louis, Mo.
19. (a) 4-10-48 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: April day: 5 year: 1948 hour: 3 minute: 40 a.m.
21. I hereby certify that I attended the deceased from March 12, 1948, to April 5, 1948; that I last saw him alive on April 5, 1948; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: CARCINOMA OF RIGHT SINUS | Unk |
| OSTEOMYELITIS OF FRONTAL SINUS | Unk |
| Due to: SYPHILIS, CENTRAL NERVOUS SYSTEM WITH PARESIS | Unk |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): | |

Major findings:
Of operations: TREPHINE OF FRONTAL SINUS 3/5/48
Of autopsy: No 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): None
(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? Means of injury:
23. Signature: L. E. STILWELL, (M. D. or Coroner)
Address: VAH, Jeff. Brks., Mo. Date signed: 4/5/48

Jefferson City Printing Co.

(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.....

Licensed Embalmer No. 4435

P. O. Address 2618 Bellingham

**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.**