

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38612**

FILED DEC 1 1949

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10025	
1. PLACE OF DEATH a. COUNTY St. Louis b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson Barracks, Mo. c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION 5409 South Broadway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis d. STREET ADDRESS (If rural, give location) 15-5409 South Broadway			
3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Walter c. (Last) COX		4. DATE OF DEATH (Month) (Day) (Year) Nov. 20, 1949		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb. 24, 1895		9. AGE (In years last birthday) 54		IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) City fireman (retired)		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Cox		13b. MOTHER'S MAIDEN NAME Elizabeth Meyer		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War I		16. SOCIAL SECURITY NO. 494 32 6082		17. INFORMANT'S SIGNATURE OR NAME Clarence Widman ADDRESS 33264 Oregon			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SQUAMOUS CELL CARCINOMA OF NECK, LEFT SIDE WITH GENERALIZED METASTASES				INTERVAL BETWEEN ONSET AND DEATH Unknown	
		ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION 9/24/49		19b. MAJOR FINDINGS OF OPERATION Squamous Cell Carcinoma with metastases				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) -None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 55			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 1991			
22. I hereby certify that I attended the deceased from Aug. 29, 1949 , to Nov. 20, 1949 , that I placed the deceased in the coffin, and that death occurred at 3:30 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE L.E. Stilwell (Degree or title) M.D. Chf. Prof. Services				23b. ADDRESS Vet. Adm. Hosp. Jeff. Brks. Mo.		23c. DATE SIGNED 11/21/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-23-49		24c. NAME OF CEMETERY OR CREMATORY National Cem.		24d. LOCATION (City, town, or county) (State) Jeff. Brks, MO.	
DATE REC'D BY LOCAL REG. NOV 22 1949		REGISTRAR'S SIGNATURE J. B. Luster		25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home, St. Louis, Mo. ADDRESS _____			

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

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed _____

David Van Fossan

Licensed Embalmer No. _____

4242

P. O. Address _____

6322 Du Bois

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.