

FILED APR 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14444

State File No. _____

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3507

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>St. Louis</u>)		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2109^A CARR.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> 2719 d. STREET ADDRESS (If rural, give location) <u>2109^A CARR</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MORRIS</u>		b. (Middle)	
c. (Last) <u>COX</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4-13-1950</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>8-14-1897</u>
9. AGE (In years last birthday) <u>52</u>		10. USUAL OCCUPATION (One kind of work done during most of working life, even if retired) <u>Carpenter</u>	
10a. USUAL OCCUPATION (One kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Mississippi</u>		12. CITIZEN OF WHAT COUNTRY? <u>Yes</u>	
13a. FATHER'S NAME <u>Phil Cox</u>		13b. MOTHER'S MAIDEN NAME <u>MRS. CORA COX</u>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Cora Cox</u> ADDRESS <u>9 Cora Ct - 2109^A Carr St.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, atherosclerosis, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Chronic Interstitial</u>	
DUE TO (c) <u>Nephritis</u>		II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>592X</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>145A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Patrick E Taylor</u> (Degree or title) <u>Courier</u>		23b. ADDRESS <u>1300 Clark</u>	
23c. DATE SIGNED <u>4.17.50</u>		24a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>4-18-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GREENWOOD</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis County MO</u>		DATE REC'D BY LOCAL REG. <u>APR 17 1950</u>	
REGISTRAR'S SIGNATURE <u>J. B. Searator</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Bennett Love</u> ADDRESS <u>3103 Washington</u>	

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Aldin

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.