

FILED APR 18 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15165  
Registrar's No. 854

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3063**

1. PLACE OF DEATH a. COUNTY <b>St. Louis, Mo.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY <b>St. Clair</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>CLAYTON</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>East St. Louis, Illinois</b>	
c. LENGTH OF STAY (In this place) <b>none</b>		d. STREET ADDRESS (If rural, give location) <b>810 Market E. St. Louis, Ill</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis County Hosp.</b>			
3. NAME OF DECEASED a. (First) <b>AMIRIE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Mar 31, 1950</b>	
b. (Middle) <b>Cox</b>		5. SEX <b>male</b>	
6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widow</b>	
8. DATE OF BIRTH <b>Mar 3, 1904</b>		9. AGE (In years last birthday) <b>46</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	
11. BIRTHPLACE (State or foreign country) <b>Sardis, Mississippi</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Andy Cox</b>		13b. MOTHER'S MAIDEN NAME <b>Chaney Fox</b>	
14. NAME OF HUSBAND OR WIFE <b>Widow</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	
16. SOCIAL SECURITY (If yes, give war or dates of service) <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Oran Cox</b> ADDRESS <b>1014 No. 3<sup>rd</sup> St.</b>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia lobar LLC + Uremia</b> INTERVAL BETWEEN ONSET AND DEATH <b>11 days</b>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Compound Fr. (Humerus + Radius)</b> <b>14 days</b>	
DUE TO (c) <b>Cerebral Concussion</b> <b>14 days</b>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Pt Henri plegia + Aphasia - 14 days</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>450 812.4</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Punishing</b>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis MO</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>MAR 17, 1950 7:35</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>STRUCK BY AUTO</b>			
22. I hereby certify that I attended the deceased from <b>3-17-1950</b> , to <b>3-31-1950</b> , that I last saw the deceased alive on <b>3-31-1950</b> , and that death occurred at <b>7:30</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>Russell P. Herdner M.D.</b> (Degree or title)		23b. ADDRESS <b>601 Brentwood Clayton</b>	
23c. DATE SIGNED <b>3-31-50</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removed</b>	
24b. DATE <b>4-4-1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New Campus - Sardis, Miss.</b>	
24d. LOCATION (City, town, or county) (State) <b>Sardis, Miss.</b>		DATE REC'D BY LOCAL REG. <b>4-1-50</b>	
REGISTRAR'S SIGNATURE <b>Harbert W. Douthett</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. J. ...</b> ADDRESS <b>2114 No. E. ...</b>	

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

SE. D. = H.

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 \_\_\_\_\_

*Howard H. Langford*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed: *Howard H. Langford*

Licensed Embalmer No. *8286*

P. O. Address *2114 Mo. Ave.*

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.