

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH42118  
1003 State File No. 10470

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN E. St. Louis, Ill. 9120	
d. FULL NAME OF HOSPITAL OR INSTITUTION Peoples		d. STREET ADDRESS (If rural, give location) 100 So. 8th street 8	
3. NAME OF DECEASED (Type or Print) a. (First) Creamola		b. (Middle) Cox	
c. (Last) Cox		4. DATE OF DEATH (Month) (Day) (Year) Dec. 6, 1950	
5. SEX Female 3	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH Nov. 21, 1921
9. AGE (In years last birthday) 29		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed	11. BIRTHPLACE (State or foreign country) Liburn Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Sam Taylor	
13b. MOTHER'S MAIDEN NAME Marjorie McNeil		14. NAME OF HUSBAND OR WIFE Theodore Cox	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Theodore Cox		ADDRESS 100 So. 8th Street, E. St. Louis, Ill.	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Toxicant Shock ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Intestinal Obstruction DUE TO (c) Adhesions and gangrene of sigmoid II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 2 days		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION	
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)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 570.2	
22. I hereby certify that I attended the deceased from 12-3-1950 to 12-6-1950, that I last saw the deceased alive on 12-6-1950 and that death occurred at 10:30 p. m., from the causes and on the date stated above.			
23a. SIGNATURE John G. Hubert, M.D.		23b. ADDRESS 1433 E. 24th St. St. Louis, Mo.	
23c. DATE SIGNED 12/8/50		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE burial		24c. NAME OF CEMETERY OR CREMATORY Booker Washington	
24d. LOCATION (City, town, or county) (State) Centerville Ill.		25. FUNERAL DIRECTOR'S SIGNATURE R.M.C. Green	
DATE REC'D BY LOCAL REG. DEC 6 - 1950		ADDRESS 3517 Laclede Ave.	

(Licensed Embalmer's Statement on Reverse Side)

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 *Edgar H Green*  
Licensed Embalmer No. *4521*  
P. O. Address *3517 Laclode*

**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.**