

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5976

FILED FEB 23 1951

State File No. _____
Registrar's No. **1312**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) 2159 St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital		d. STREET ADDRESS (If rural, give location) 3935 Miami	

3. NAME OF DECEASED (Type or Print) a. (First) Shepherd b. (Middle) c. (Last) Cox			4. DATE OF DEATH (Month) (Day) (Year) Feb. 7 1951		
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Dec. 22 1874		9. AGE (In years last birthday) 76		10. CITIZEN OF WHAT COUNTRY? Illinois	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carnival Operator		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	

13a. FATHER'S NAME Sauire Cox		13b. MOTHER'S MAIDEN NAME Adelaid Peyton		14. NAME OF HUSBAND OR WIFE Linnie	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)		16. SOCIAL SECURITY # 486-16-1479		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Linnie Cox 3935 Miami	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mesenteric Thrombosis		DUPLICATE (b) Arterio Sclerotic heart			
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE (c) disease			
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 checked="" type="checkbox"/> NO <input 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? H200	

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 **3:05 P.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Walter H. Fendler		23b. ADDRESS 1360 Clark		23c. DATE SIGNED 2/8/51	
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-12-1951		24c. NAME OF CEMETERY OR CREMATORY Lakewood Park	
		24d. LOCATION (City, town, or county) (State) St. Louis Co / Mo.			

DATE REC'D BY LOCAL REG. FEB 9 1951		REGISTRAR'S SIGNATURE J. B. Frazier		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. P. Fendler Jr. 7128 Michigan	
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WRITE PLAINLY—USING UNFADING 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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *Alonzo Holman*

Licensed Embalmer No. *3093*

P. O. Address *7128 Michigan*

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.