

FILED MAR 22 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9989

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2307

|   |  |  |   |   |  |
|---|--|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY |   |  |
| b. CITY (If outside corporate limits, write RURAL and give town)<br><u>St. Louis</u>  |  | c. LENGTH OF STAY (in this place)<br><u>1 hr</u>       | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>St. Louis</u>                                    |   | d. STREET ADDRESS (If rural, give location)<br><u>2229</u>                         |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>St. Louis Children's Hosp.</u>  |  |  | d. STREET ADDRESS (If rural, give location)<br><u>1511 Missouri</u>   |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>FRANKLIN</u> b. (Middle) <u>DELANO</u> c. (Last) <u>COX</u>  |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>3-9-51</u>  |   |  |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>Caucasian</u>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH<br><u>1-30-39</u>  | 9. AGE (In years last birthday)<br><u>13 yrs</u>                    | 10. IF UNDER 1 YEAR Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   |  | 10b. KIND OF BUSINESS OR INDUSTRY                      |   | 11. BIRTHPLACE (State or foreign country)<br><u>Boyle, Arkansas</u> | 12. CITIZEN OF WHAT COUNTRY  |
| 13a. FATHER'S NAME<br><u>Henry Cox</u>  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Mary Holmes</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<br><u>D. S. Luster</u>  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.   | MEDICAL CERTIFICATION<br>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Intra cranial hemorrhage</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 day</u>                                   |
| 19a. DATE OF OPERATION  | 19b. MAJOR FINDINGS OF OPERATION   |  |   |   | 20. AUTOPSY<br>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?<br><u>211X</u>              |   |   |  |
| 22. I hereby certify that I attended the deceased from <u>3-8</u> 19 <u>51</u> , to <u>3-9</u> 19 <u>51</u> , that I last saw the deceased alive on <u>3-9-51</u> , 19 <u>51</u> , and that death occurred at <u>4:30</u> p.m., from the causes and on the date stated above. |  |  |   |   |  |
| 23a. SIGNATURE<br><u>J. B. Luster MD</u>  |  |  | 23b. ADDRESS  |   | 23c. DATE SIGNED   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)   | 24b. DATE  | 24c. NAME OF CEMETERY OR CREMATORY                     | 24d. LOCATION (City, town, or county) (State)   |   |  |
| <u>shipped 5</u>  | <u>3 11 1951</u>   | <u>Earl - Ark.</u>                                     | <u>Earl Arkansas</u>  |   |  |
| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE<br><u>MAR 12 1951</u>   |  | REGISTRAR'S SIGNATURE<br><u>J. B. Luster</u>           | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Andrew H. Burkes</u>   |   |  |
|   |  |  | ADDRESS<br><u>212 Carroll</u>   |   |  |

(Licensed Embalmer's Statement on Reverse Side)

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

*mil*

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.

Student Embalmer No. ....

Signed *Theodore J. Yandee*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4243*

P. O. Address *139 Eldridge*

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.