

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **24444**  
**6718**

|   |                           |   |  |   |
|---|---------------------------|---|--|---|
| BIRTH NO.   |                           | REG. DIST. NO. <b>318</b>   | PRIMARY REG. DIST. NO. <b>1003</b>                               | Registrar's No.   |
| 1. PLACE OF DEATH<br>a. COUNTY  |                           | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)   |  |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>St. Louis   |                           | a. STATE <b>Missouri</b><br>b. COUNTY   |  |   |
| c. LENGTH OF STAY (in this place)   |                           | c. CITY (If outside corporate limits, write RURAL and give township)<br>St. Louis <b>2159</b>                                       |  |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br>Park Lane Memorial Hosp  |                           | d. STREET ADDRESS (If rural, give location)<br>4736 Louisiana Ave. <b>8</b>   |  |   |
| 3. NAME OF DECEASED<br>(Type or Print)  |                           | a. (First)<br>Berniece  | b. (Middle)<br>E.  | c. (Last)<br>Cox  |
| 4. DATE OF DEATH  |                           | (Month) (Day) (Year)<br>7/25/51   |  |   |
| 5. SEX<br>Female  | 6. COLOR OR RACE<br>White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>Single <b>0</b>   | 8. DATE OF BIRTH<br>Mar. 14, 1916                                | 9. AGE (In years last birthday)<br>35   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Bottling Dept.   |                           | 10b. KIND OF BUSINESS OR INDUSTRY<br>Arheuser Busch   | 11. BIRTHPLACE (State or foreign country)<br>St. Louis, Missouri | 12. CITIZEN OF WHAT COUNTRY?<br>USA   |
| 13a. FATHER'S NAME<br>Edward Cox  |                           | 13b. MOTHER'S MAIDEN NAME<br>Nellie Garrett   | 14. NAME OF HUSBAND OR WIFE<br>Single                            |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br>No  |                           | 16. SOCIAL SECURITY NO.<br>--   | 17. INFORMANT'S SIGNATURE OR NAME<br>Nellie Cox-4736 Louisiana   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)   |                           | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH  |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  |                           | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal obstruction due to post-operative adhesions.</u>               |  |   |
|   |                           | ANTECEDENT CAUSES   |  |   |
|   |                           | DUE TO (b) _____  |  |   |
|   |                           | DUE TO (c) _____  |  |   |
|   |                           | II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |
| 19a. DATE OF OPERATION<br>7-25-51   |                           | 19b. MAJOR FINDINGS OF OPERATION<br>Intestinal obstruction due to post-operative adhesions.   |  | 20. AUTOPSY?<br>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)   |                           | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                              |  | 21f. HOW DID INJURY OCCUR?<br><b>570.5</b>  |
| 22. I hereby certify that I attended the deceased from <u>July 23, 1951</u> , to <u>July 25, 1951</u> , that I last saw the deceased alive on <u>July 25, 1951</u> , and that death occurred at <u>9:00p m.</u> , from the causes and on the date stated above. |                           |   |  |   |
| 23a. SIGNATURE<br><i>[Signature]</i>  |                           | (Degree or title)<br>M.D.   | 23b. ADDRESS<br>4930 Lindell Blvd., St. Louis, Mo.               | 23c. DATE SIGNED<br>7-26-51   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial   |                           | 24b. DATE<br>7/28/51  | 24c. NAME OF CEMETERY OR CREMATORY<br>New St. Marcus Cem.        | 24d. LOCATION (City, town, or county) (State)<br>St. Louis Co., Missouri            |
| DATE REC'D. BY LOCAL REG.<br>JUL 27 1951  |                           | REGISTRAR'S SIGNATURE<br><i>[Signature]</i>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br>Wacker-Heldtke                                  |
|   |                           |   |  | ADDRESS<br>3634 Gravois   |

(Licensed Embalmer's Statement on Reverse Side)

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

*Proctor  
Rosen*

**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 \_\_\_\_\_

*Frank J. O'Neil Jr.*

Signed.....

Student Embalmer

Licensed Embalmer No. *2675*

P. O. Address *W. Leinweber*

**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.