

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14160

State File No. ....

~~1952~~ APR 25 1952  
BIRTH NO. ....

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 3128

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5216 Vernon Ave.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2059	
3. NAME OF DECEASED (Type or Print) a. (First) Ralph b. (Middle) Hale c. (Last) Cox		4. DATE OF DEATH (Month) (Day) (Year) April 2 1952	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married /	8. DATE OF BIRTH July 3 1883
9. AGE (In years) (Months) (Days) (Hours) (Min.) 68		11. BIRTHPLACE (State or foreign country) Iowa	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Railroad	
12. CITIZEN OF WHAT COUNTRY? USA		11. BIRTHPLACE (State or foreign country) Iowa	
13a. FATHER'S NAME Alfred Cox		13b. MOTHER'S MAIDEN NAME Carrie Schneider	
14. NAME OF HUSBAND OR WIFE Edna 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. None		17. INFORMANT'S SIGNATURE OR NAME Edna Cox 5216 Vernon Ave	
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) Coronary occlusion  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis Chronic  DUE TO (c) XXXXX  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. XXXX	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION XXXX	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) XXX	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) XXX	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 7:30		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? XXX		H201	
22. I hereby certify that I attended the deceased from March 17 1952, to March 31, 1952, that I last saw the deceased alive on March 31, 1952, and that death occurred at 6:15 A.M., from the causes and on the date stated above.			
23a. SIGNATURE Dennis J. Ritter D.C.		23b. ADDRESS 1506 Hodiament Ave St. Louis 12, Mo	
23c. DATE SIGNED 4-2-52		24. NAME OF CEMETERY OR CREMATORY Memorial Park	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 5 1952	
24c. LOCATION (City, town, or county) (State) St. Louis Co Mo.		24d. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE APR 3 1952	
25. FUNERAL DIRECTOR'S SIGNATURE Jos W Clark		ADDRESS 1125 Hodiament Ave.	

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

Dr. Ritter  
Wellston Bldg.

---

---

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.....

*Alfred J. Boedecker*

Licensed Embalmer No. *2663*

Signed.....  
Student Embalmer

P. O. Address *11257 Hodieman*

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.