

STANDARD CERTIFICATE OF DEATH

39848

State File No.

FILED DEC 13 1952

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. 3058 Registrar's No. 252

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

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| 1. PLACE OF DEATH a. COUNTY <u>St. Charles</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u> | |
| c. LENGTH OF STAY (in this place) <u>8 hrs.</u> | | d. STREET ADDRESS (If rural, give location) <u>206 South Kingshighway</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Eva</u> | b. (Middle) <u>P</u> | c. (Last) <u>Cox</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 8, 1952</u> |
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|----------------------|-------------------------------|---|--------------------------------------|---|---|--|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Dec. 5, 1909</u> | 9. AGE (In years last birthday) <u>43</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>3</u> | IF UNDER 12 HRS. Hours <u></u> Mins. <u></u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>OWN</u> | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |
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| 13a. FATHER'S NAME <u>John Winnigear</u> | 13b. MOTHER'S MAIDEN NAME <u>unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Thomas Cox</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Paul Walters, St. Charles, Mo</u> | ADDRESS |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardiosis (type pending autopsy findings)</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u> |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pericarditis</u> | | |
| | DUE TO (c) <u>Pulmonary edema 4/222</u> | | |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pending autopsy findings</u> | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION: | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from Dec 8, 1952 to Dec 8, 1952; that I last saw the deceased alive on Dec 8, 1952, and that death occurred at 10:00 P. m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Eugene J. Canty</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>St. Charles, Mo.</u> | 23c. DATE SIGNED <u>12-9-52</u> |
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|---|---------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>12-11-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>St. John's Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Charles, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>12-9-52</u> | REGISTRAR'S SIGNATURE <u>Harvie Hamilton</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>H. C. Dellmeyer</u> ADDRESS <u>St. Charles, Mo.</u> |
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896/8
FEB 18
JAN 29 1953

DEC 19 1952

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 Frank R. Amaleng

Licensed Embalmer No. 4832

P. O. Address St. Charles, Mo.

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.