

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11412**
Registrar's No. **2416**

No. 300
10-48

FILED APR 4 1953

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

1. PLACE OF DEATH a. COUNTY MISSOURI		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE ILLINOIS b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SAINT LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN EAST ST LOUIS 8120	
d. FULL NAME OF HOSPITAL OR INSTITUTION DOA Hosp # 1		d. STREET ADDRESS (If rural, give location) 550 Collinsville Ave	

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM	b. (Middle) Wesley	c. (Last) Cox	4. DATE OF DEATH (Month) (Day) (Year) 3 3 1953
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB 1 1917	9. AGE (In years last birthday) 36	If UNDER 1 YEAR Days 1	If UNDER 24 Hrs. Hours 3
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK	10b. KIND OF BUSINESS OR INDUSTRY U.S. GOVERNMENT	11. BIRTHPLACE (City and State or Foreign Country) PAUDACH KY	12. CITIZEN OF WHAT COUNTRY? 1
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13a. FATHER'S NAME Geo. W. Cox	13b. MOTHER'S MAIDEN NAME MARY QUALLS	14. NAME OF HUSBAND OR WIFE JENNY
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS JOHN O. COX 1117 NO 48TH ST. E
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Methyl Alcohol Poisoning		
	ANTECEDENT CAUSES when found under Eads Bridge about 8:35 am		
	DUE TO (b) March 3 1953, Time		
	DUE TO (c) Place, cause and manner of same could not be determined upon finding		
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 be determined upon finding	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SOURCE Product	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 E8808
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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 **8:35 PM**, from the causes and on the date stated above. **44**

23a. SIGNATURE Patrick E. Taylor	(Degree or title) Coroner	23b. ADDRESS 1300 Clark	23c. DATE SIGNED 3.3.53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3-3-53	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (CITY, TOWN, OR COUNTY) (State) St. Louis, Ill
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DATE REC'D BY LOCAL REG. MAR 3 1953	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Harry Robins	ADDRESS 8 So. Grand St
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Prokoff

Licensed Embalmer No. *4356*

P. O. Address *St Louis 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.