

FILED DEC 29 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44704

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 3202

1. PLACE OF DEATH a. COUNTY Saint Louis		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 Florissant		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis 2129	
c. LENGTH OF STAY (in this place) 10 Weeks		d. STREET ADDRESS (If rural, give location) 108 N. Kingshighway Blvd., 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hilltop Nursing Home			
3. NAME OF DECEASED (Type or Print) a. (First) EDYTH b. (Middle) _____ c. (Last) COX		4. DATE OF DEATH (Month) (Day) (Year) Dec. 14th, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH August 14th, 1882
9. AGE (In years last birthday) 71		# UNDER 1 Year 0	YEAR Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Fred Meyer		13b. MOTHER'S MAIDEN NAME Minnie Bishopf	14. NAME OF HUSBAND OR WIFE Late George 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 Mrs. Della Linde ADDRESS 3644 Natural Bridge Blvd
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive cardio-vascular disease DUE TO (c) _____ 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 443X	20. AUTOPSY? 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? _____
22. I hereby certify that I attended the deceased from April 20, 1951 , to Dec 14, 1953 , that I last saw the deceased alive on Dec 14, 1953 , and that death occurred at 3:35 P m. , from the causes and on the date stated above.			
23a. SIGNATURE James B Jones (Degree or title) M.D.		23b. ADDRESS 337 W. Lockwood Webster Groves 19, Mo	23c. DATE SIGNED 12-15-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12/17/53	24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery.	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
DATE REC'D BY LOCAL REG. 12/15/53	REGISTRAR'S SIGNATURE Verbeek R. Danks M.D.	25. FUNERAL DIRECTOR'S SIGNATURE CALVIN F. FEUTZ ADDRESS 4828 Natural Bridge Blvd FUNERAL HOME, INC., St. Louis, 15, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

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

Hours 1:00PM to 5:00 PM
(TUESDAY SURE, NO HOURS WEDNESDAY)

FILE IN ST. LOUIS COUNTY.

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.....
Student Embalmer

Signed *John A. Mlinar*

Licensed Embalmer No. *4186*

P. O. Address *St. Louis Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.