

STANDARD CERTIFICATE OF DEATH

35256

FILED OCT 26 1954

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State File No. 86311

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

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE					
b. CITY (If outside corporate limits, write RURAL and give township)				b. COUNTY		c. CITY OR TOWN			
c. LENGTH OF STAY (In this place)				St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location)					
St. Mary's Infirmary				4239 W. Cote Brillante Ave.					
3. NAME OF DECEASED (Type or Print)			a. (First)		b. (Middle)		c. (Last)		
Benjamin			Alfred		Cox		4. DATE OF DEATH (Month) (Day) (Year)		
Sept. 18, 1954			5. SEX		6. COLOR OR RACE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		
Male			Negro		Married		8. DATE OF BIRTH		
Sept. 14, 1905			9. AGE (In years last birthday)		49		9. AGE (In years last birthday) Months Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY?		
Teacher			Public Schools		Boston, Mass		USA		
13a. FATHER'S NAME			13b. MOTHER'S MAIDEN NAME			14. NAME OF HUSBAND OR WIFE			
B. A. Cox, Sr.			Emma Harris			Sue M. Cox			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
No						Sue M. Cox, 4239 W. Cote Brillante Ave.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))			MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)			Aortic insufficiency					1 yr	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES						
			DUE TO (b) Ruptured aortic valve						
			DUE TO (c) Arteriosclerosis + hypertension						
			II. OTHER SIGNIFICANT CONDITIONS						
			Conditions contributing to the death but not related to the disease or condition causing death. Mitral stenosis + insufficiency					Undetermined	
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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?		411X		
22. I hereby certify that I attended the deceased from June 10, 1953, to Sept 14, 1954, that I last saw the deceased alive on Sept 13, 1954, and that death occurred at 10:45 am., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title)				23b. ADDRESS			23c. DATE SIGNED		
Edward B. Williams, M.D.				4242 Easton Avenue			9/21/54		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)			
Removal		9/23/54		St. Peters Cemetery		St. Louis County, Mo.			
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS				
SEP 29 1954		[Signature]			Cunningham & Moore, 2405 Marcus Avenue				

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.....
Signature of Student Embalmer

Signed.....
John K Cunningham

Licensed Embalmer No... 4476..

P. O. Address.. 2405 Marcus A

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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