

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

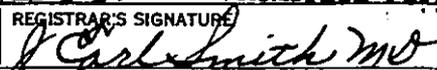
THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38645

XC # 242 18 32 1954  
REG # 4336  
ST # 896

State File No. \_\_\_\_\_  
REGISTRAR'S No. 9945

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

<b>1. PLACE OF DEATH</b> a. COUNTY _____  b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>915 N. GRAND, ST. LOUIS, MO.</u> )			c. LENGTH OF STAY (If in this place) <u>10 DAYS</u>  d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSP.</u>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>  c. CITY OR TOWN <u>HILLSDALE</u> <span style="float: right;">4/6</span> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  e. STREET ADDRESS (If rural, give location) <u>1908 LUCAS &amp; HUNT ROAD</u>							
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>JESSE</u> b. (Middle) <u>H.</u> c. (Last) <u>COX</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>11-1-54</u>		<b>5. SEX</b> <u>MALE</u>		<b>6. COLOR OR RACE</b> <u>WHITE</u>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>MARRIED</u>		<b>8. DATE OF BIRTH</b> <u>5-11-77</u>		<b>9. AGE</b> (In years last birthday) <u>77</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 6 HRS.: Hours _____ Min. _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>TOOL &amp; DIE MAKER</u>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>UNKNOWN</u>			<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>TILDEN, ILLINOIS</u>			<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>				
<b>13a. FATHER'S NAME</b> <u>ROBERT W. COX</u>			<b>13b. MOTHER'S MAIDEN NAME</b> <u>PRICILLA ANDERSON</u>			<b>14. NAME OF HUSBAND OR WIFE</b> <u>EDNA COX</u>							
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes or unknown) (If yes, give year or dates of service) <u>YES SPAW</u>			<b>16. SOCIAL SECURITY NO.</b> <u>493-03-6974</u>			<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI</u>			<b>ADDRESS</b> _____				
<b>MEDICAL CERTIFICATION</b>										<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>Unknown</u>			
<b>18. CAUSE OF DEATH</b> 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.										<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>POSTERIOR MYOCARDIAL INFARCTION</u>  ANTECEDENT CAUSES DUE TO (b) <u>POSTERIOR CORONARY ARTERY THROMBOSIS, ARTERIOSCLEROTIC</u>  DUE TO (c) _____			
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>MESENTERIC THROMBOSIS</u>													
<b>19a. DATE OF OPERATION</b>			<b>19b. MAJOR FINDINGS OF OPERATION</b>						<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)			<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)			<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>							
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)			<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			<b>21f. HOW DID INJURY OCCUR?</b> <u>4201</u>							
<b>22. I hereby certify that I attended the deceased from <u>10-22-54</u>, 19<u>54</u>, to <u>11-1-54</u>, 19<u>54</u>, that I had seen the deceased <del>alive on _____, _____, and _____, and that death occurred at <u>9:30 P.m.</u>, from the causes and on the date stated above.</del> </b>													
<b>23a. SIGNATURE</b>  J. T. Karwinski (Degree or title) <u>M. D.</u>					<b>23b. ADDRESS</b> <u>VAH, ST. LOUIS, MISSOURI</u>			<b>23c. DATE SIGNED</b> <u>11-2-54</u>					
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Removal</u>		<b>24b. DATE</b> <u>11-5-54</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Memorial Park Cemetery</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Louis Co., Mo.</u>							
<b>DATE REC'D BY LOCAL REG.</b> <u>NOV 3 1954</u>		<b>REGISTRAR'S SIGNATURE</b> 				<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Calvin F. Feutz</u> <b>ADDRESS</b> <u>4828 Natural Bridge</u>							

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 A. Minard*.....

Licensed Embalmer No. *410*

P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.