

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24898

State File No. _____

FILED JUL 20 1956

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6401**

1. PLACE OF DEATH a. COUNTY		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 St. Louis		c. LENGTH OF STAY (In this place) c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3867 Folsom avenue		e. STREET ADDRESS (If rural, give location) 3867 Folsom avenue 2179	

3. NAME OF DECEASED (Type or Print)	a. (First) CLIFFORD	b. (Middle) LEWIS	c. (Last) COX	4. DATE OF DEATH (Month) (Day) (Year) 7-8-56
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 7-26-1909	9. AGE (In years last birthday) 46	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) pool room operator	10b. KIND OF BUSINESS OR INDUSTRY Pool Room	11. BIRTHPLACE (City and State or Foreign Country) St. James, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Charles Cox	13b. MOTHER'S MAIDEN NAME Mary Beasley	14. NAME OF HUSBAND OR WIFE Bernadette Cox
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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) no	16. SOCIAL SECURITY NO. 497-09-7498	17. INFORMANT'S SIGNATURE OR NAME Bernadette Cox, 3867 Folsom ave.	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, asthenia, etc. It means the disease, injury, or complication which caused death. 9-5-55	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 yr
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Visceral Carcinoma Visceral carcinoma ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 Sept 5-1955	19b. MAJOR FINDINGS OF OPERATION Visceral Carcinoma	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)	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 **Aug 15, 1955**, to **July 9, 1956**, that I last saw the deceased alive on **July 7, 1956**, and that death occurred at **5:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE L. B. Couch	(Degree or title) M.D.	23b. ADDRESS 1452 50 Compton St. Louis 4 Mo	23c. DATE SIGNED July 9 56
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 7-11-56	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. JUL 9 1956	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Rowland Aker	ADDRESS 4104 Manchester
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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.....
Signature of Student Embalmer

Signed *W E Morris*.....

Licensed Embalmer No. *336*.....

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

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.