URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-038332
STATE FILE NUMBER

FILED VS NOV 16 1959

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 2950

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kirkwood
Length of stay in 1b: 8 weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Joseph Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Overland
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 9100 Brownridge
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Susie Middle: May Last: Cox
4. DATE OF DEATH: Month November Day 4 Year 1959
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5-2-1889
9. AGE (last birthday): 70
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Springfield, Ill.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: George L. Fitch
13b. MOTHER'S MAIDEN NAME: Mary Shepard
14. NAME OF HUSBAND OR WIFE: George L. Cox
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: George L. Cox, 9100 Brownridge Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Hypertensive and Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 5 years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Cerebral Vascular Thrombosis
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from March 28, 1957 to Nov 4, 1959 and last saw her alive on Nov 4, 1959
Death occurred at Nov 4, 1959 7:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Frank Catenzaro MD
22b. ADDRESS: 3336 Kirkwood Road, Kirkwood
22c. DATE SIGNED: 11/6/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 11-7-1959
23c. NAME OF CEMETERY OR CREMATORY: Lake Charles Cemetery
23d. LOCATION (City, town, or county) (State): Normandy, Missouri

24. FUNERAL DIRECTOR: Baumann Bros. Inc. ADDRESS: 2504 Woodson Rd. Overland, Mo.
25. DATE RECD. BY LOCAL REG.: 11-6-59
26. REGISTRAR'S SIGNATURE: John E. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed David C. Gibs

Signature of Student Embalmer

Licensed Embalmer No. 3457

P. O. Address Portland

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