RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS FEB 18 1960

-60-008078

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2-1420

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 5815 Cates Avenue.,
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Joseph; Middle: Barnette; Last: Cox
4. DATE OF DEATH: Month, Day, Year: February 5, 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 11/13/1895
9. AGE (last birthday): 64
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): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Aloe Hearing Aids
11. BIRTHPLACE (City and state or country): Paducah, Kentucky
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Edwin Davis Cox
13b. MOTHER'S MAIDEN NAME: Lena Davic Burkholder
14. NAME OF HUSBAND OR WIFE: Olive Cox
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W. No. 1
16. SOCIAL SECURITY NO.: 440-05-5179
17. INFORMANT: Olive Cox, 5815 Cates Avenue.,

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): Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertensive and Arteriosclerotic Heart Dis. — years
DUE TO (c): 443x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes Mellitus
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 2/4/60 - 2:45PM, to 2/5/60 and last saw her/him alive on ~~2/5~~ 2/5/60
Death occurred at 10:20 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John D. Donielson M.D.
22b. ADDRESS: 600 Union Blvd.
22c. DATE SIGNED: 2/6/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 2/8/60
23c. NAME OF CEMETERY OR CREMATORY: Valhalla Cemetery
23d. LOCATION (City, town, or county) (State): Alton, Illinois.

24. FUNERAL DIRECTOR: Albert H. Hoppe, ADDRESS: 4700 Washington Blvd.,
25. DATE RECD. BY LOCAL REG.: FEB 8 1960
26. REGISTRAR'S SIGNATURE: Noel Smith, M.D. MB

(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 Melvin L. Kens

Signature of Student Embalmer

Licensed Embalmer No. 405

P. O. Address 4911 Wo

St Louis M

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