

U.S. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-020797

FILED VS JUN 15 1960

318

Primary Registration District No. 1003

Registrar's No. 5730

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 4 hrs.		c. CITY OR TOWN East St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR St. Louis-Little Rock Hospital Inc.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1806 N. 48th St.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Meredith Middle - Last Cox				4. DATE OF DEATH Month June Day 1 Year 1960									
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9-26-1898		9. AGE (last birthday) 61		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carmen			10b. KIND OF BUSINESS OR INDUSTRY Terminal Railroad		11. BIRTHPLACE (City and state or country) Fairfield, Ill.			12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME George B. Cox			13b. MOTHER'S MAIDEN NAME Mae Alice Self			14. NAME OF HUSBAND OR WIFE Earnestine							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes, W.W.I				16. SOCIAL SECURITY NO. 488-26-9788		17. INFORMANT Address E. St. Louis, Ill. Ernstine Cox 1806 N. 48th St.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral vascular hemorrhage										INTERVAL BETWEEN ONSET AND DEATH few hours			
DUE TO (b) Arterial Hypertension										6 years			
DUE TO (c) 331x													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 _____ to June 1, 1960 and last saw ^{him} alive on June 1, 1960 Death occurred at 11:30 P on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE R. C. Treiman, M.D. (for staff of St. Louis Hosp.)				22b. ADDRESS 1755 S. Grand Blvd.				22c. DATE SIGNED 6/2/60					
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-6-60		23c. NAME OF CEMETERY OR CREMATORY National Cemetery				23d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.					
24. FUNERAL DIRECTOR Fendler Funeral Home ADDRESS 7420 Michigan Ave St. Louis, Mo.				25. DATE RECD. BY LOCAL REG. JUN 3 1960				26. REGISTRAR'S SIGNATURE Paul Smith M.D.					

DOCUMENT

MEDICAL CERTIFICATION

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 _____
Signature of Student Embalmer

Signed W G Peterson

Licensed Embalmer No. 3767

P. O. Address 7420 Mich

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