OURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-015038

STATE FILE NUMBER

ED MAY 4 1961

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3977

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Mo.

Length of stay in Ib

c. CITY OR TOWN St. Louis County

Inside Limits Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DePaul Hospital

Inside Limits Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 1446 Le Roy Ave. Zone 33

Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First HELEN Middle Last COX

4. DATE OF DEATH Month April Day 23 Year 1961

5. SEX Female

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH Mar. 30. 1895

9. AGE (last birthday) 66

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) House Work

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Illinois

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Phillip Eicholz

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Pearl Cox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Pearl Cox, Address 1446 LeRoy Page Dale

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) Cardio-vascular renal disease — INTERVAL BETWEEN ONSET AND DEATH ???

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c) 442x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Acute gastro-enteritis. dehydration; acidosis 2 days

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 Jan 10 1954, to April 23, 1961 and last saw her alive on April 22 1961

Death occurred at 5:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Bernard H. Hoffe MD (Degree or title)

22b. ADDRESS 2435 N. Grand Blvd

22c. DATE SIGNED 4-25-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 4/27. 1961

23c. NAME OF CEMETERY OR CREMATORY Zions Cemetery

23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.,

24. FUNERAL DIRECTOR Leidner Und. Co. ADDRESS 2223 St. Louis Ave

25. DATE RECD. BY LOCAL REG. APR 26 1961

26. REGISTRAR'S SIGNATURE Noel Smith. M.D.

BY AFFIDAVIT OF

DOCUMENT

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 Albert Marsfield

Licensed Embalmer No. 3077

P.O. Address St Louis M

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.