

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

859
Do not use this space.

1. PLACE OF DEATH **FEB 12 1938** Registration District No. **791**
 (a) County **FEB 12 1938** Primary Registration District No. **1003** Registered No. **715**
 (b) Township _____
 (c) City **St. Louis, Mo.** (d) Street No. **1127 St. Louis Ave.** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Sidney M. Cox, 9, 120**
 (a) Residence, No. **1127 St. Louis Ave.** St. **26** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Cox,				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2nd, 1870				
7. AGE	YEARS 67	MONTHS 11	DAYS 17	IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Foreman			
	9. Industry or business in which work was done, as saw mill, bank, etc. Massachusetts Glass Co.			
	10. Date deceased last worked at this occupation (month and year).....		11. Total time (years) spent in this occupation.....	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri			
	13. NAME Not known			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known			
MOTHER	15. MAIDEN NAME Not known			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known			
17. INFORMANT (ADDRESS) Ivan Cox, 1121a St. Louis Ave.,				
18. BURIAL, CREMATION, OR REMOVAL PLACE Zions Cem. DATE Jan. 22nd 1938				
19. FUNERAL DIRECTOR (ADDRESS) Wm. Reister Mink Co., 1417 N. Market Street.				
20. FILED JAN 21 1938 J. Bredeck Local Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19th 1938	
22. I HEREBY CERTIFY, that I attended deceased from Jan 14 1938 to Jan 19 1938 I last saw him alive on Jan 19 1938 Death is said to have occurred on the date stated above, at 5³⁰ P. M. The principal cause of death and related causes of importance were as follows: Chronic nephritis Date of onset not known	
Other contributory causes of importance: 1/31	
Name of operation.....	Date of.....
What test confirmed diagnosis?.....	Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19..... Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
Manner of injury.....	Nature of injury.....
24. Was disease or injury in any way related to occupation of deceased? no If so, specify..... (Signed) George Mueller , M. D. (Address) 1502 St. Louis	

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

John P. Buchholz

Licensed Embalmer No. *1674*

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.)