

DEC'D DEC 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH 791

37325

Do not use this space.

9652

Registered No.

1. PLACE OF DEATH

- (a) County Registration District No. 1002
(b) Township Primary Registration District No.
(c) City St. Louis, Mo. (d) Street No. Barnes Hospital 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. 20 (f) How long in U. S., if of foreign birth? - yrs. - mos. - da.

2. PRINT FULL NAME OTa Bell Cox

- (a) Residence, No. 817 Pennsylvania St. NR East St. Louis, Ill.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm Cox

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 29, 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 9 6

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as saw mill, bank, etc. At Home

10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) Covington, Ky
(STATE OR COUNTRY) 1

13. NAME Don't Know

14. BIRTHPLACE (CITY OR TOWN) ??
(STATE OR COUNTRY) 9

15. MAIDEN NAME ?? ??

16. BIRTHPLACE (CITY OR TOWN) ?? ??
(STATE OR COUNTRY) ?

17. INFORMANT Gilbert Cox
(ADDRESS) East St. Louis, Ill.

18. BURIAL, CREMATION, OR REMOVAL

PLACE E. St. Louis, Ill. DATE Nov 8, 1938

19. FUNERAL DIRECTOR (NAME) John Grassy
(ADDRESS) East St. Louis, Ill.

20. NOV 7 1938 19 J. Brebeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-5-38, 19

22. I HEREBY CERTIFY, That I attended deceased from 10-14-38, 19, to 11-5-38, 19.

I last saw h. ex. alive on 11-5-38, 19. Death is said to have occurred on the date stated above, at 8:15 a.m.

The principal cause of death and related causes of importance were as follows:

Anemia, Hypoplastic
Subdural Hemorrhage
Subarachnoid

Date of onset

2 yrs>>

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) Ray David Williams, M. D.(Address) Barnes Hospital
St. Louis, Mo.

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,

Paul A. Keith

or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Paul A. Keith

Licensed Embalmer No.

3612

P. O. Address.....

2301 Lafayette

St. Louis Mo.

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 this body is not embalmed, above space should be left blank.