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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. _____
Registrar's No. _____

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town St. Louis, Missouri
 (c) Name of hospital or institution: City Sanitarium
 (If not in hospital or institution, write street number and location)
 (d) Length of stay: In hospital or institution 4 yrs. 11 mos. 21
35 yrs. (Specify whether years, months or days)
 In this community _____ years, months or days

3. (a) PRINT FULL NAME George Cox
 3. (b) If veteran, name war No 3. (c) Social Security No. No
 4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Emma Cox 6. (c) Age of husband or wife if alive 68 years
 7. Birth date of deceased May 20 1868
 (Month) (Day) (Year)

8. AGE: Years 71 Months 8 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Unknown Illinois
 (City, town, or county) (State or foreign country)

10. Usual occupation Laborer Steam Rail Road

11. Industry or business Charles Cox
 12. Name Unknown Illinois
 13. Birthplace (City, town, or county) (State or foreign country)
 14. Maiden name Thalita Downs
 15. Birthplace Unknown Illinois
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature J. W. Regan
 (b) Address City Sanitarium

17. (a) (Burial, cremation, or removal) _____ (b) Date thereof 2-23-40
 (Month) (Day) (Year)
 (c) Place: burial or cremation _____

18. (a) Signature of funeral director W. R. Ritten
 (b) MAR 1 1940 3500 Rutger

19. (a) (Date received local registrar) _____ (b) _____
 (Date received) (Signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis (If outside city or town limits, write "RURAL")
 Street No. 3946 Evans Ave. (If rural, give location)
 (d) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month February day 7, year 1940 hour 9:45 minute PM M.
 21. I hereby certify that I attended the deceased from Nov. 1, 1940 to Feb. 7, 1940
 that I last saw him alive on Feb. 7, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar-pneumonia 1-20-40
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations _____
 Of autopsy No.
 Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
 While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature N. J. Bullis, M.D. (M. D. or other) _____
 Address 5400 Arsenal st Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
 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.

REV. 5-17-39
 1 X1931

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.