

No. 2
1-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39740
State File No.
Registrar's No. 2163

Registration District No. 784 Primary Registration District No. 200

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis and Lemay
(c) Name of hospital or institution:
St. Rose Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether years, months or days) 3

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

3. (a) PRINT FULL NAME WillieNE Cox
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 14
year 1940 hour 11:30 PM M.

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife HURLES 6. (c) Age of husband or wife if alive 32 years
7. Birth date of deceased November 1913
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct. 29, 1940, to Nov 14, 1940; that I last saw her alive on Nov 14, 1940; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
27 mo 11 cd hr. _____ min.

Immediate cause of death From Advanced Pulmonary Tuberculosis
Due to _____
Due to _____

9. Birthplace Exeter, Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

Other conditions (Include pregnancy within 6 months of death)
Major findings: Of operations _____
Of autopsy None

MOTHER FATHER
12. Name Willie Teel
13. Birthplace Exeter Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Willie Teel
15. Birthplace Exeter Mo.
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Hurles Cox
(b) Address Wester, Mo.
17. (a) Removal (b) Date thereof 11/15/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Dexter Missouri

23. Signature L. E. Gerson M.D. (M. D. or other)
Address St. Rose Hospital Date signed 11-14-40

18. (a) Signature of funeral director Albert H. Hoppe Inc
(b) Address 4700 Washington Blvd.
NOV 15 1940 (Date received local registrar)
(c) L. R. Meyer M.D. (Registrar's signature)

23. Signature L. E. Gerson M.D. (M. D. or other)
Address St. Rose Hospital Date signed 11-14-40

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

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.....

J. S. Sullivan

Licensed Embalmer No. 1122

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

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