

No. 2
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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9052**

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **2462**

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

1. PLACE OF DEATH:

(a) County.....

(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Foster Nursing Home, 55660 Cabbane Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether in this community years, months or days)

3. (a) PRINT FULL NAME **JOSEPHINE COX**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **female** 5. Color or race **white**

6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive years 1953
Day Year

7. Birth date of deceased **December 25 1853**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	87	2	21	hr. min.

9. Birthplace **Christian County, Kentucky**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business.....

MOTHER FATHER

12. Name **John Cox**

13. Birthplace **unknown / Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Irene Wilkinson**

15. Birthplace **unknown / Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **J. W. Howe**

(b) Address **7012 Kingsbury, University C**

17. (a) **Removal** (b) Date thereof **Mar. 19/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hopkinsville, Ky.**

18. (a) Signature of funeral director **C. R. Lupton & Sons**

(b) Address **St. Louis, Missouri**

19. (a) **MAR 18 1941** (b) **J. T. Bredek**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kentucky** (b) County **Christian 999**

(c) City or town **Hopkinsville** **NR 15**
(If outside city or town limits, write "RURAL")

(d) Street No. **Ave.**
(If rural, give location)

(e) If foreign born, how long in U. S. A.? **2** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3/18/41** day.....
year..... hour **9-15** minute **A** M.

21. I hereby certify that I attended the deceased from **3/10/41**.....
....., 19..... to **3/18/41**....., 19.....;
that I last saw her alive on **3/15/41**....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death **Influenza** **8 day**
Cardio-myocarditis **10 days**
Chr. Arteritis **10 days**

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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 **E. P. ...** (M. D. or other)
Address **7911 Big Bend Rd.** Date signed **3/18/41**

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address 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, fact should be so stated above.