No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 8 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Kn 450

State File No. 29294

Registration District No. 794 Primary Registration District No. 106 Registrar's No. 1731

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Kirkwood, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 113 E. Jewel Ave
(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)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Loui
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 113 E. Jewel Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME James Porter Cox
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male
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
7. Birth date of deceased August (Month) 10 (Day) 1926 (Year)

8. AGE: Years	Months	Days	If less than one day
15	0	10	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Student
11. Industry or business
FATHER
12. Name Eugene Cox
13. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Virgina Brooks
15. Birthplace Burlington (City, town, or county) Iowa (State or foreign country)
16. (a) Informant Eugene Cox
(b) Address 113 E. Jewel Ave Kirkwood, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/23/41 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cem.
18. (a) Signature of funeral director Louis H. Bopp Inc.
(b) Address 131 W Argonne Dr Kirkwood, Mo
19. (a) AUG 22 1941 (Date received local registrar) (b) E. L. McGauran M.D. (Registrar's signature) KL

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20 year 1941 hour 9:05 PM minute M.
21. I hereby certify that I attended the deceased from Aug 23rd 1939 to Aug 20th 1941; that I last saw him alive on Aug 17th 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac insufficiency — Duration few days
2- Chronic Glomerulo-nephritis — 1½ yrs.
3- Chronic Cystitis — 2 years
Due to Severance of Spinal Cord at 2nd Lumbar Segment — 2 years
Due to Automobile Accident
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) Accident
(b) Date of occurrence 8-22-39
(c) Where did injury occur? Kirkwood St Louis Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Kirkwood Rd. (Specify type of place)
While at work? (e) Means of injury Automobile
23. Signature E. B. Waters (M. D. or other) D
Address Kirkwood, Mo Date signed 8-21-41

(Licensed Embalmer's Statement on Reverse Side)

101

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 John M. Meyer

Licensed Embalmer No. 3288

P. O. Address Kirkwood, Mo.

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

If this body is not embalmed, fact should be so stated above.