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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 9 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42990

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 263

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Rural (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Baumgartner Rd. 1 (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: Mo. (b) County: 96
(c) City or town: St. Louis (If outside city or town limits, write "RURAL")
(d) Street No.: 5709 Era Ave. (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Charles B. Cox
3. (b) If veteran, name war .....
3. (c) Social Security No. 488-16-6262
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Grace
6. (c) Age of husband or wife if alive: 41 years
7. Birth date of deceased: Oct. (Month) 22 (Day) 1897 (Year)
8. AGE: Years 44 Months 2 Days 4 If less than one day ..... hr. ..... min.
9. Birthplace: Baltimore (City, town, or county) Md. (State or foreign country)
10. Usual occupation: Schauffeur
11. Industry or business: Taystee Bread Co.
FATHER 12. Name: Kearney Cox
FATHER 13. Birthplace: Unknown (City, town, or county) ? (State or foreign country)
MOTHER 14. Maiden name: Unknown
MOTHER 15. Birthplace: Unknown (City, town, or county) ? (State or foreign country)
16. (a) Informant: Grace Cox
(b) Address: 5709 Era Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-29-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cem.
18. (a) Signature of funeral director: Drehmann-Harral
(b) Address: 1905 Union Blvd.
19. (a) DEC 27 1941 (Date received local registrar) (b) E. D. McSwain M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26 year 1941 hour 1 minute A M.
21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Inquest pending
Natural causes
Due to: Advanced Arterio Sclerosis of coronary arteries.
Due to .....
Other conditions (Include pregnancy within 3 months of death) .....
Major findings: Of operations .....
Of autopsy: Yes

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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....
23. Signature: Louis H. Popp (M. D. or other) Coroner
Address: Kirkwood, Mo. Date signed: 12/27/41

707 (Licensed Embalmer's Statement on Reverse Side)

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

MAR - 6 1945

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 Albert R Thompson Jr

Licensed Embalmer No. 4237

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, fact should be so stated above.