

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUN 14 1943 318

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 5174

Registration District No. \_\_\_\_\_ Primary Registration District No. 1008

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:  
3402a Magnolia 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

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri, (b) County \_\_\_\_\_  
(c) City or town St. Louis,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3402a Magnolia Ave.  
(If rural, give location) \_\_\_\_\_  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William J. Cox,  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month June day 3  
year 1943 hour 9: minute 03 P.M.

4. Sex Male, 5. Color or race White,  
6. (a) Single, widowed, married, divorced, Widowed,  
6. (b) Name of husband or wife Laura Cox, 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased February 10, 1869  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 30 1943 to June 3 1943  
that I last saw him alive on June 3 1943  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
74 3 24 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions Hypertension  
(Include pregnancy within 6 months of death)  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace Tennessee,  
(City, town, or county) (State or foreign country)  
10. Usual occupation Shoe Worker,

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
12. Name Don't Know,  
13. Birthplace Don't Know,  
(City, town, or county) (State or foreign country)  
14. Maiden name Don't Know,  
15. Birthplace Don't Know,  
(City, town, or county) (State or foreign country)

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Miss Jimmie L. Cox,  
(b) Address 3402 Magnolia Ave.,  
17. (a) Burial, (b) Date thereof 6/5/43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sunset Burial Park,  
18. (a) Signature of funeral director Bethen-Beng Mortuary  
(b) Address 2842 Meramec St.,  
19. (a) JUN 4 1943 J. F. Bredbeck  
(Date received local registrar) (Registrar's signature)

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 Rolanda A. Koch (M. D.)  
Address 3430 California Ave Date signed June 11, 1943

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

MOTHER FATHER

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

Signed

*John Fetter*  
3880

Licensed Embalmer No. 4355 Washington Blvd.,  
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.**