

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39661

State File No. _____

FILED JAN 4 1943

Registration District No. 1943

Primary Registration District No. 1003

Registrar's No. 11739

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:
BARNES HOSPITAL
(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 George Washington Cox

3. (b) If veteran, name war None

3. (c) Social Security No. Unk.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

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

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased January 24 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

62	11	1	hr. min.
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9. Birthplace Unknown Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Coal Miner

11. Industry or business _____

12. Name John Cox

13. Birthplace Unknown Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth O'Neal

15. Birthplace Unknown Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Annie Cox

(b) Address Royalton, Ill.

17. (a) Removal (b) Date thereof 12-27-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Royalton, Illinois

18. (a) Signature of funeral director Albert H. Hoppe, Inc.

(b) Address 4700 Washington Blvd.

19. (a) DEC 27 1943 (b) J. J. Bredenk
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 997

(a) State Illinois (b) County Franklin

(c) City or town Royalton 11 NR
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 25
year 1943 hour 7 minute 0 a. M.

21. I hereby certify that I attended the deceased from 12-6-
1943, to 12-25-
1943; that I last saw him alive on 12-25-
1943; and that death occurred on the date and hour stated above.

Immediate cause of death
Reticulum cell sarcoma
diffuse
retroperitoneal gland

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy as above

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature M. C. Ahney (M. D. or other) _____
Address BARNES HOSPITAL Date signed 12/25/43

APR 10 1944

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.....

E. W. Wilkinson

Licensed Embalmer No. 3575

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.