No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3418

FILED JAN 10 1948

Registration District No. 377

Primary Registration District No. 3070

Registrar's No. 12

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 41 Old Watson Rd.
(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 St. Louis 96
(c) City or town Webster Groves 7
(If outside city or town limits, write "RURAL")
(d) Street No. 41 Old Watson Rd. 4
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Kathryn E. Cox
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife David Cox
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased July (Month) 24 (Day) 1878 (Year)

8. AGE: Years 69 Months 5 Days 9 If less than one day ..... hr. ..... min.

9. Birthplace Zanesville (City, town, or county) Ohio (State or foreign country)
10. Usual occupation Housewife
11. Industry or business .....

FATHER
12. Name Thomas Harris
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Edward Benzel
(b) Address 41 Old Watson Rd.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-4-48 (Month) (Day) (Year)
(c) Place: burial or cremation Pittsburgh, Penn.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd
19. (a) 1-3-48 (Date received local registrar) (b) Beulah Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3
year 1948 hour 5 minute 20 P M.
21. I hereby certify that I attended the deceased from April 10 1947 to Jan 3 1948
that I last saw her alive on Jan 3 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Embolism Broncho pneumonia	6 days
Due to Chronic myocarditis valvulitis	
Due to — 92	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

PHYSICIAN
Underline the cause of 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) 0
While at work (e) Means of injury .....
23. Signature [signature] (M. D. or other) M.D
Address 337 W. LOCKWOOD Date signed 3 JAN 48
WEBSTER GROVES MO.

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Ernest W. Spillers

Licensed Embalmer No. 4080

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.