S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 12 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 10074

Registrar's No. 3274

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: City Sanitarium
(If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution 15yrs.4mos.6ds. (Specify whether years, months or days)
In this community Life

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. City Sanitarium
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARIE 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 single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 30 (Day) 1904 (Year)

8. AGE: Years	Months	Days	If less than one day
43	10	4	hr. min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Nil
11. Industry or business
FATHER 12. Name James Cox
13. Birthplace Ireland (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Mary
15. Birthplace Ireland (City, town, or county) (State or foreign country)
16. (a) Informant Thelma Scingler
(b) Address 5400 Arsenal St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 6/48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.
18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.
19. (a) APR 5 1948 (Date received local registrar) (b) J. J. Bieheck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4 year 1948 hour 12.50 minute A M.
21. I hereby certify that I attended the deceased from Jan 1 1946 to Apr. 4 1948 and that I last saw her alive on Apr. 4 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pneumonia-right upper lobe	3/22/48
Due to: Epilepsy-c deterioration	15 yrs.x.

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy no

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)
While at work? (e) Means of injury
23. Signature Jack R. Ridelman (M. D. or other)
Address 5400 Arsenal St. Date signed 4/5/48

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 Alfred J. Boedeker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamont Ave.,

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.