No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 13 1948

Registration District No. 818

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 27615

Registrar's No. 7558

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Lukes O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution less than 24 hrs (Specify whether
In this community Abt. 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1-00

(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5856 Pershing Ave 9
(If rural, give location)

5 0

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

If yes, name country

3. (a) PRINT FULL NAME THOMAS WILLIAMS COX

3. (b) If veteran, name war none

3. (c) Social Security No. 488-18-7055

4. Sex male O

5. Color or race W.

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

6. (b) Name of husband or wife Rose M. Cox

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased May (Month) 4 (Day) 1870 (Year)

8. AGE: Years	Months	Days	If less than one day
78	3	24	hr. min.

9. Birthplace COUNCIL BLUFFS (City, town, or county) Iowa (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Iron

FATHER
12. Name ********* Cox
13. Birthplace (City, town, or county) U.S.A (State or foreign country)

MOTHER
14. Maiden name Mary Richardson
15. Birthplace (City, town, or county) U.S.A. (State or foreign country)

16. (a) Informant Rose Cox
(b) Address 5856 Pershing Ave

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 8/30/48 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director Mayer
(b) Address 4356 Lindell Blvd

19. (a) AUG 29 1948 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. ~~28~~ day 28
year 1948 hour 2 minute 20 A. M.

21. I hereby certify that I attended the deceased from August 2, 1948, to Aug. 28, 1948, that I last saw him alive on Aug. 27, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia, Bronchial extensive bilateral	3 da.
Due to Undetermined	
Due to	
Other conditions Arteriosclerosis with Myocarditis. (Include pregnancy within 3 months of death)	5 yr +

Major findings:
Of operations
Of autopsy Same as above

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 Guy N Magness (M. D. ~~or other~~)
Address 6651 Enright Date signed Aug 28-48

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 Frank J. Ryland

Licensed Embalmer No. 2645

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.