300
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3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 23 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34032

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8983

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: Lutheran 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dan 17

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

(d) Street No. 4658 Pennsylvania
(If rural, give location)

(e) Citizen of foreign country? 15 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Addison Berry Cox

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased July (Month) 6 (Day) 1868 (Year)

8. AGE: Years 80 Months 3 Days 8 If less than one day hr. min.

9. Birthplace Nashville (City, town, or county) Tenn (State or foreign country)

10. Usual occupation Retired

11. Industry or business Ramco Piston Mfg.

FATHER
12. Name James Cox
13. Birthplace (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Margaret Ann Mayo
15. Birthplace (City, town, or county) Tenn (State or foreign country)

16. (a) Informant Mrs Katie Cox
(b) Address 4658 Pennsylvania

17. (a) Cremation (~~Burial~~, cremation, ~~or removal~~) (b) Date thereof 10-18-48 (Month) (Day) (Year)
(c) Place: ~~burial or~~ cremation Mo. Crematory

18. (a) Signature of funeral director E J Schmer
(b) Address 3125 Lafayette

19. (a) Oct 17 1948 (Date received local registrar) (b) J B Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14
year 1948 hour 3 minute 40 P.M.

21. I hereby certify that I attended the deceased from Oct 12, 1948, to Oct 14, 1948;
that I last saw him alive on Oct 14, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Degenerative heart disease (arteriosclerotic) c̄ cardiac decomp.	3 wks
Due to	
Due to	
Other conditions: uremia (Include pregnancy within 3 months of death)	24 hrs.

Major findings:
Of operations
Of autopsy

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

23. Signature Bernard Nepveu (M. D. or other) MD
Address 3701 Grandel Sq Date signed 10-25-48

(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 Jos R Wolkmer

Licensed Embalmer No. 4014

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.