

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42380

FILED JAN 7 1950

State File No.

11060

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

11060

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>066</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Saint Louis</u>		c. CITY (If outside corporate limits/write RURAL, and give township) <u>Saint Louis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Homer Phillips Hosp</u>		e. STREET ADDRESS (If rural, give location) <u>1027 N. Vandeventer</u>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <u>Jimmie</u>		b. (Middle) <u>Lee</u>	
c. (Last) <u>Cox</u>		12-22-49	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>11</u>	8. DATE OF BIRTH <u>July 16, 1949</u>
9. AGE (In years last birthday) <u>2</u>		10. MONTH <u>5</u> DAY <u>6</u> HOURS <u></u> MIN. <u></u>	9. AGE (In years last birthday) <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Saint Louis, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>Alvertis Cox</u>	
13b. MOTHER'S MAIDEN NAME <u>Dimisher Wilken</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Dimisher Cox</u>		ADDRESS <u>1027 N. Vand</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Upper Respiratory Infection</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Post-convulsive exhaustion</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Old birth Injury</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>86</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR <u>7802</u>		22. I hereby certify that I attended the deceased from <u>12-21</u> , 19 <u>49</u> , to <u>12-22</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>12-22</u> , 19 <u>49</u> , and that death occurred at <u>5:20 P.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>August Piper A. M. D.</u>		23b. ADDRESS <u>2601 N Whittier St</u>	
23c. DATE SIGNED <u>12-24-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>12-24-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GreenWood Ceme</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>G. Wade Granberry</u>	
25. ADDRESS <u>4202 Finney</u>		DATE REC'D BY LOCAL REG. <u>DEC 24 1949</u>	
REGISTRAR'S SIGNATURE <u>J. B. Lancaster</u>		25. ADDRESS <u>4202 Finney</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Leroy W. Jannister

Licensed Embalmer No. _____

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P. O. Address _____

3850 Easton 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.