

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10307

State File No.

2474

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (In this place) 6 years		d. STREET ADDRESS (If rural, give location) 12-5153 Waterman Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Luke's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) C c. (Last) COX			4. DATE OF DEATH (Month) (Day) (Year) March 13, 1950		
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5. SEX M.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S.		8. DATE OF BIRTH 1-20-1875		9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours		IF UNDER 1 MIN. Mins.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Invalid			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Hopkinsville, Ky.			12. CITIZEN OF WHAT COUNTRY?		
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13a. FATHER'S NAME Merritt Cox			13b. MOTHER'S MAIDEN NAME Louisa Steele			14. NAME OF HUSBAND OR WIFE -----		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Alex Boulware - 5153 Waterman				ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma - Stomach with pyloric obstruction. ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 7 months	
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19a. DATE OF OPERATION 3/11/50		19b. MAJOR FINDINGS OF OPERATION Carcinoma Stomach. Pyloric obstruction. Metastases in liver.						20. AUTOPSY? - YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) LSIX	
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?	

22. I hereby certify that I attended the deceased from **Mar. 6**, 19**50**, to **Mar. 13**, 19**50**, that I last saw the deceased alive on **March 13**, 19**50**, and that death occurred at **7:30 P** m., from the causes and on the date stated above.

23a. SIGNATURE Omar R. Sewer		(Degree or title) M.D.		23b. ADDRESS 495 Maryland St. Louis, Mo		23c. DATE SIGNED 3/14/50	
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 3-15-1950		24c. NAME OF CEMETERY OR CREMATORY Hopkinsville, Ky.		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. MAR 14 1950		REGISTRAR'S SIGNATURE J. B. Lassater		25. FUNERAL DIRECTOR'S SIGNATURE Alexander & Sons, Inc.		ADDRESS 6175 Delmar	
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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

Geo. E. McCulloch

Licensed Embalmer No. 2460

P. O. Address 6175 Delmar

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.