

FILED MAY 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17118**
Registrar's No. **4188**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St. Louis
d. FULL NAME OF HOSPITAL OR INSTITUTION 2618 Virginia Ave.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 2618 Virginia		2179	

3. NAME OF DECEASED (Type or Print) **George E. Cox**

a. (First) b. (Middle) c. (Last)

4. DATE OF DEATH **May 8, 1954**

(Month) (Day) (Year)

5. SEX **male** 6. COLOR OR RACE **white** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married**

8. DATE OF BIRTH **Jan. 3, 1912** 9. AGE (In years last birthday) **42**

IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Truck Driver**

10b. KIND OF BUSINESS OR INDUSTRY **Food**

11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Mo.**

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME **Edward Cox** 13b. MOTHER'S MAIDEN NAME **Catherine Tillewein** 14. NAME OF HUSBAND OR WIFE **Mary Cox**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no**

16. SOCIAL SECURITY NO. **488-10-3547**

17. INFORMANT'S SIGNATURE OR NAME **Mary Cox** ADDRESS **2618 Virginia**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Acute Myocardial Infarction**

INTERVAL BETWEEN ONSET AND DEATH **30 min.**

ANTECEDENT CAUSES

*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION **None** 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **no** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? **4201**

22. I hereby certify that I attended the deceased from **May 7, 1954**, to **May 8, 1954**, that I last saw the deceased alive on **May 8, 1954**, and that death occurred at **11p. m.**, from the causes and on the date stated above.

23a. SIGNATURE **Bernard T. Koon** (Degree or title) **MD** 23b. ADDRESS **4755 Morganfield Road, St. Louis, Mo.**

23c. DATE SIGNED **5/10/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **5-12-54**

24c. NAME OF CEMETERY OR CREMATORY **Memorial Park Cem.** 24d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

DATE REC'D BY LOCAL REG. **MAY 10 1954**

REGISTRAR'S SIGNATURE **Charles Smith** 25. FUNERAL DIRECTOR'S SIGNATURE **Southern Funeral Home** ADDRESS **322 S. Grand Blvd.**

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Koon
4755a Morganford
1 to 4

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.....
Signature of Student Embalmer

Signed..... *David Van Fossan*

Licensed Embalmer No. *426*

P. O. Address *522*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.