

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11691

State File No.

FILED MAR 26 1956

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 692

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>	c. LENGTH OF STAY (in this place) <u>27 Days</u>	c. CITY OR TOWN <u>Clayton</u> <u>4452</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis Co. Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>7709 Bonhomme</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel</u> b. (Middle) _____ c. (Last) <u>Cox</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-9-56</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>4/23/67</u>	9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Various</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>(Unk) W. Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>

13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Unis Cox</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>497-16-7360</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Albert A. Cox</u> ADDRESS <u>2015 1/25th St. Hayward Ill</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Common Bile Duct.</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity 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. <u>Obstructive Jaundice. Renal Failure. 155X</u>		

19a. DATE OF OPERATION <u>2/23 + 3/5</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of the Common Bile Duct - obstructive</u>	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 2-13, 1956, to 3-9, 1956, that I last saw the deceased alive on 3-9, 196, and that death occurred at 5:30 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>William H. Davis M.D.</u>	23b. ADDRESS <u>601 So. Brentwood</u>	23c. DATE SIGNED <u>2/2/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-13-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Father Dickson</u>	24d. LOCATION (City, town, or county) (State) <u>Keokuk MO.</u>
DATE REC'D BY LOCAL REG. <u>3-12-56</u>	REGISTRAR'S SIGNATURE <u>Herbert B. Dombrowski</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Floyd Baker 1201 Robert</u>	

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.....
Signature of Student Embalmer

Signed.....

Leroy W. Ginnis

Licensed Embalmer No. 45

P. O. Address 3880 E

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.