

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007015
STATE FILE NUMBER
1818

FILED FEB 28 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

| | | | |
|---|---------------------------|---|---|
| 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, give TOWNSHIP only) Inside Limits OR TOWN St. Louis Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) Length of stay in 1b HOSPITAL OR INSTITUTION 4 Shaw Place | | d. STREET ADDRESS (If outside, give location) Reside on Farm ADDRESS 4 Shaw Place Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Effie Cox Black | | | 4. DATE OF DEATH Month Day Year Feb 15, 1958 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Aug 3 1865 |
| 9. AGE (In years last birthday) 92 | | 10. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (City and state or country) Bridgeport Ill. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME Flemin Willet Cox | | 14. MOTHER'S MAIDEN NAME Sarah Kinsey | |
| 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. none | 17. INFORMANT Address Clarice Darmstatter 4 Shaw Place |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardio-Renal Vascular Disease</i> DUE TO (b) <i>General Small Arterio Sclerosis</i> DUE TO (c) <i>442XF</i> | | | INTERVAL BETWEEN ONSET AND DEATH <i>10 years</i> <i>10 years</i> |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Fracture of Right Shoulder Operated</i> | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Fell in bathroom at home 4 Shaw Place. | |
| 20c. TIME OF INJURY Hour Month, Day, Year 10:30 a. m. 1/31/58 | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home | 20f. CITY, TOWN, OR LOCATION COUNTY STATE St. Louis Mo |
| 21. I attended the deceased from <i>Feb 1 - 1953</i> to <i>Feb 15 - 1955</i> and last saw her alive on <i>Feb 14 - 55</i> Death occurred at <i>12:50 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <i>L. Louis Schuchat</i> MD) | | 22b. ADDRESS 3866 Flora | 22c. DATE SIGNED 2/15/58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 23b. DATE Feb 15 58 | 23c. NAME OF CEMETERY OR CREMATORY Shiloh | 23d. LOCATION (City, town, or county) (State) Bridgeport Ill |
| 24. FUNERAL DIRECTOR ADDRESS E. J. Schnur 3125 Lafayette | | 25. DATE RECD. BY LOCAL REG. FEB 17 58 | 26. REGISTRAR'S SIGNATURE <i>J. Paul Smith, M.D.</i> <i>m. j. B.</i> |

health, Welfare public service
 300 -56
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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.....
Thomas R. Demwick

Licensed Embalmer No. 379

P. O. Address 325-*af*

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