

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-011675  
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 888

FILED APR 6 1959

1. PLACE OF DEATH  
a. COUNTY St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood Inside Limits Yes  No

c. CITY OR TOWN Kirkwood 4673 Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1336 Dougherty Ferry Rd Length of stay in lb 2 yrs

d. STREET ADDRESS (If outside, give location) 1336 Dougherty Ferry Rd Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First ALBERT Middle NEAL Last COX

4. DATE OF DEATH Month Day Year April 1, 1959

5. SEX Male Male

6. COLOR OR RACE White

7. MARRIED  NEVER MARRIED  WIDOWED  DIVORCED

8. DATE OF BIRTH April 24, 1900

9. AGE (In years last birthday) 58

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) Custodian

10b. KIND OF BUSINESS OR INDUSTRY R-7 Kirkwood School

11. BIRTHPLACE (City and state or country) Indiana

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Robert Cox

13b. MOTHER'S MAIDEN NAME BRYAN Margaretta Bryan

14. NAME OF HUSBAND OR WIFE Goldie Cox

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None

16. SOCIAL SECURITY NO. 487-40-3267

17. INFORMANT Address Kirkwood, Mo Goldie Cox-1336 Dougherty Ferry Rd

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

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer Pancreatic

INTERVAL BETWEEN ONSET AND DEATH 1 yr

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_ DUE TO (c) \_\_\_\_\_

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 157X

19. WAS AUTOPSY PERFORMED? YES  NO

20a. ACCIDENT  SUICIDE  HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT  NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9:45 1/22/58 to 4/1/59 and last saw him alive on 4/1/59

Death occurred at A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Charles Beumid M.D.

22b. ADDRESS 206 W Argonne Station

22c. DATE SIGNED 3/1/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE April 1, 1959

23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cen.

23d. LOCATION (City, town, or county) (State) Kirkwood 22, Mo.

24. FUNERAL DIRECTOR ADDRESS Pfitzinger Mort-Kirkwood 22, Mo.

25. DATE RECD. BY LOCAL REG. 4-1-59

26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Ben E. Walker* .....

Licensed Embalmer No. *1436* .....

P. O. Address *House* .....

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.