

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-024420

FILED VS JUL 15 1960

318

Primary Registration District No. 1003

Registrar's No. 6714

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Length of stay in 1b	c. CITY OR TOWN <b>St. Louis</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Enroute City Hospital</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>2300 Tower Grove Ave.</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>ALVA</b> Middle <b>C.</b> Last <b>COX</b>			4. DATE OF DEATH Month <b>June</b> Day <b>30</b> Year <b>1960</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6-1-1905</b>	9. AGE (last birthday) <b>55</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Maintenance Man-Southwestern Bell Telephone Co.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>St. James, Mo.</b>		11. BIRTHPLACE (City and state or country) <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Charles Cox</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Jane Beasley</b>		14. NAME OF HUSBAND OR WIFE <b>Frances I. Cox</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT <b>Frances Cox 2300 Tower Grove Ave.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hypertensive Cardiovascular Disease Ix</b>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		443x	
		DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	20b. SUICIDE <input type="checkbox"/>	20c. HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>4:10</b> p.m. Month, Day, Year <b>7-31-60</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
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 <b>7-31-60</b> to <b>6-30-60</b> and last saw <sup>her</sup> him alive on <b>6-23-60</b> Death occurred at <b>4:10 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Raymond J. Martin, MD</i>		(Degree or title)		22b. ADDRESS <b>5203 Chy Lane St</b>	22c. DATE SIGNED <b>7-2-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal(Mtr)</b>	23b. DATE <b>July 5, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Camp Ground Cemetery</b>		23d. LOCATION (City, town, or county) <b>Greenville, Ill.</b> (State)	
24. FUNERAL DIRECTOR <b>Kriegshauser 4228 S. Kingshighway Blvd,</b>		ADDRESS		25. DATE RECD. BY LOCAL REG. <b>JUL 2 1960</b>	26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Geo. H. Kuegshaway

Licensed Embalmer No. 4988

P. O. Address St. Louis

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