

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

9247 -62-036047  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

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

VS 300	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	DATE AMENDED
Rev. 4/59		
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2401328		
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4 1		
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12 59-0	INSTEAD OF	
13	DOCUMENT	
59	MEDICAL CERTIFICATION	
	BY AFFIDAVIT OF	
	ITEM NO.	SHOULD READ

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		b. STATE <b>Missouri</b> c. COUNTY <b>St. Louis</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>De Paul Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>1240 Pamela Dr.</b>	
3. NAME OF DECEASED (Type or print) First <b>MICKIE</b> Middle <b>ROSS</b> Last <b>COX</b>		4. DATE OF DEATH Month <b>Sept.</b> Day <b>24</b> Year <b>1962</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8/17/62</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nibel</b>		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) <b>St. Louis Missouri</b>
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13. FATHER'S NAME <b>Donald R. Cox</b>	
14. MOTHER'S MAIDEN NAME <b>Patricia J. Smith</b>		15. NAME OF HUSBAND OR WIFE -----	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service) <b>NO</b>		17. SOCIAL SECURITY NO. <b>None</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>ABSCESS, KIDNEYS, BELARIAL</b> DUE TO (b) <b>UNKNOWN CAUSE</b> DUE TO (c) <b>6001</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>TERMINAL PNEUMONIA.</b> PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		19. INTERVAL BETWEEN ONSET AND DEATH <b>9 DAYS</b>	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input 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.)		20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	
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		20g. COUNTY	
20h. STATE		21. I attended the deceased from <b>SEPT. 13, 1962</b> to <b>SEPT. 24<sup>TH</sup></b> and last saw her/him alive on <b>SEPT. 23, 1962</b> Death occurred at <b>2:30 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <b>Rubert W. Lohr M.D.</b>		22b. ADDRESS <b>6101 W. LAFALETTE, FLORESSANT MO.</b>	
22c. DATE SIGNED <b>9-24-62</b>		23. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>9/25/62</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo.</b>	
24. FUNERAL DIRECTOR <b>White-Mullen Mortuary</b>		25. DATE RECD. BY LOCAL REG. <b>SEP 25 1962</b>	
26. ADDRESS <b>Ferguson Mo.</b>		26. REGISTRAR'S SIGNATURE <b>Road Smith M.D.</b>	

USE BLACK INK OR TYPEWRITER RIBBON

