

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025766

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **6349**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 21 1963

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 St. Louis		Length of stay in 1b DOA	c. CITY OR TOWN Berdell Hills
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DePaul Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5304 Colton Dr.
3. NAME OF DECEASED (Type or print) GLENN BRUCE COX			4. DATE OF DEATH Month Day Year June 14, 1963
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/14/1908
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Leadman		10b. KIND OF BUSINESS OR INDUSTRY Aircraft Mfg.	9. AGE (last birthday) 55
11a. FATHER'S NAME Herbert B. Cox		11b. MOTHER'S MAIDEN NAME Audrie Gates	11c. BIRTHPLACE (City and state or country) St. Louis, Mo.
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		12b. SOCIAL SECURITY NO. 4201	
13a. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion		13b. INTERVAL BETWEEN ONSET AND DEATH Immediate	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Heart Disease		2 yrs	
DUE TO (c) Arteriosclerosis			
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"/> 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.) none	
20c. TIME OF INJURY Hour a.m. p.m.	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.) none		20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 6-1-55 to 6-14/63 and last saw him alive on 5-30-63 Death occurred at 11 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) M E Staehle M.D.		22b. ADDRESS 7124 Natural Bridge	22c. DATE SIGNED 6/15/63
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 6/17/63	23c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery	23d. LOCATION (City, town, or county) St. Louis County Mo.
24. FUNERAL DIRECTOR Cullen Kelly		25. DATE RECD. BY LOCAL REG. JUN 17 1963	26. REGISTRAR'S SIGNATURE Loard Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
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 BY AFFIDAVIT OF

DATE AMENDED
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 USE BLACK INK OR TYPEWRITER RIBBON

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 James A. Lammens

Licensed Embalmer No. 4142

P. O. Address St. Louis

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.

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