

REC'D NOV 4 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

36803  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784  
(b) Township 109 Primary Registration District No. 109 Registered No. 1665  
(c) City Maplewood Mo. (d) Street No. 7135 South St. St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Walter Cottam

(a) Residence, No. 7135 South St. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Emma E. Cottam

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-21-1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
66 11 22

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ret.  
9. Industry or business in which work was done, as saw mill, bank, etc. hat sales-man  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis C  
(STATE OR COUNTRY) Mo.

FATHER 13. NAME Richard D. Cottam H

14. BIRTHPLACE (CITY OR TOWN) England H  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Eunice E. Hadton J

16. BIRTHPLACE (CITY OR TOWN) England  
(STATE OR COUNTRY)

17. INFORMANT Emma E. Cottam  
(ADDRESS) 7135 South St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Lebanon Cem. DATE Oct. 15, 1938

19. FUNERAL DIRECTOR (NAME) Alexander and Sons  
(ADDRESS) 6175 Delmar Blvd.

20. F. I. D. No. 141938 19 9 R Meyer M D Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 13 19 38

22. I HEREBY CERTIFY, That I attended deceased from Oct 10, 1938, to Oct 13, 1938  
I last saw him alive on Oct 13, 1938. Death is said to have occurred on the date stated above, at 5:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset Oct 10/38

Other contributory causes of importance: Atherosclerosis 1934

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) W. E. Jones, M. D.  
(Address) 4570 Chin St.

N.B.—Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1938  
96  
6  
4

How many  
Parade 2866

**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, .....

*J. Wm Binkley*

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed

*J. Wm Binkley*

Licensed Embalmer No. *3653*

P. O. Address. *St. Louis Mo.*

**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 this body is not embalmed, above space should be left blank.**