

DEC 17 1939 791
Registration District No. **1000**

Primary Registration District No. _____

1. PLACE OF DEATH: **1000**
(a) County _____
(b) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **2807 CAROLINE**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2807 CAROLINE**
(Specify whether years, months or days) **25 YEARS.**

3. (a) PRINT FULL NAME **MARY COTTER**
3. (b) If veteran, name war **NO**
3. (c) Social Security No. **NO**

4. Sex **FEMALE** 5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **JOSEPH C. COTTER**
6. (c) Age of husband or wife if alive **60** years
7. Birth date of deceased **JUNE 1892**
(Month) (Day) (Year)

8. AGE: Years **57** Months **5** Days **18**
If less than one day hr. _____ min. _____

9. Birthplace **ST. LOUIS MO.**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEKEEPER**

11. Industry or business _____
12. Name **HENRY DOHERTY**
13. Birthplace **IRELAND**
(City, town, or county) (State or foreign country)
14. Maiden name **MARY NOLAN**
15. Birthplace **IRELAND**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Joseph C. Cotter**
(b) Address **2807 Caroline St.**

17. (a) **BURIAL** (b) Date thereof **NOV 27 39**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **CALVARY CEM.**

18. (a) Signature of funeral director **E. J. Schurr**
(b) Address **3125 Lafayette av.**

19. (a) **NOV 26 1939** (b) **J. J. Brudick**
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County _____
(c) City or town **ST. LOUIS 22**
(If outside city or town limits, write "RURAL")
(d) Street No. **2807 CAROLINE ST.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** day **24**
year **1939** hour **7.45** minute _____
21. I hereby certify that I attended the deceased from **9/28** P.M.
19 **39** to **11-24** 19 **39**
that I last saw her alive on **11-24** 19 **39**
and that death occurred on the date and hour stated above.

Immediate cause of death **Metastatic Carcinoma of liver & lymphatic**
Due to **Primary carcinoma of bile ducts?**
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy **None**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)
(e) Means of injury _____
23. Signature **E. J. Schurr** (M. D. or other) **MD.**
Address **234 N. Grand** Date signed **11/25/39**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

50M-517-39
Rev. 6-17-39
1 X1951

N. B.—Every item of information should be carefully supplied. AGE 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.

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

Signed.....

Jos B.V. Oldmeu

Licensed Embalmer No.....

4014

P. O. Address.....

3125 Sojeyto av

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.