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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20110

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4922

1. PLACE OF DEATH:

(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: Phillips Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 mos 6 das (Specify whether

In this community 6 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 3856 Evans (If rural, give location) 119

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Loveless McCottry

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec. (Month) 25 (Day) 1882 (Year)

8. AGE: Years 58 Months 5 Days 14 If less than one day hr. min.

9. Birthplace Starksville (City, town, or county) / Miss. (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Turpentine fields

FATHER
12. Name John McCottry
13. Birthplace (City, town, or county) / Miss. (State or foreign country)

MOTHER
14. Maiden name Mary Patrick
15. Birthplace Starksville, (City, town, or county) / Miss. (State or foreign country)

16. (a) Informant Anne Flemmings
(b) Address 4300 Garfield

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 14 '41 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Russell Und. Co.
(b) Address 2732 Pine Street

19. (a) JUN 14 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9 year 1941 hour 8:10 minute P.M.

21. I hereby certify that I attended the deceased from March 3 1941 to June 9 1941 that I last saw him alive on June 9 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Basal Ganglia Disease (Post Influenzal)	3 mos
Due to Non Malignant	
Due to	
Other conditions (Include pregnancy within 3 months of death) 33	

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature H. J. Erwin (M. D. or other)
Address 2601 Whittier Date signed

(Licensed Embalmer's Statement on Reverse Side)

6-10-41

SEP 29 1941

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 Joel Russell

Licensed Embalmer No. 4112

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.