

No. 2
4-13-40
5-17-39
PI X231

Registration District No. **791**

Primary Registration District No. **1003**

20
17
9

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

1. PLACE OF DEATH **FILED SEP 17 1941**

(a) County.....

(b) City or town **St. Louis**

(c) Name of hospital or institution: **Desloge Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether)

In this community..... (Specify whether)

2. USUAL RESIDENCE OF DECEASED: **033**

(a) State **Missouri** (b) County **Dent**

(c) City or town **Howes Mill**
(If outside city or town limits, write "RURAL")

(d) Street No..... (If rural, give location)

(e) If foreign born, how long in U. S. A.?..... **1** years.

3. (a) PRINT FULL NAME **Maggie Cottrell**

3. (b) If veteran, name war No.

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **8** day **5**
year **1941** hour **12** minute **30 A.M.**

4. Sex **Male** 5. Color or race **White**

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

6. (b) Name of husband or wife **Thomas J.** 6. (c) Age of husband or wife if alive **77** years

7. Birth date of deceased **Dec. 14 1873**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **8/1**, 19**41**, to **8/5**, 19**41**,
and that I last saw her alive on **8/4**, 19**41**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Complete bowel obstruction**

8. AGE: Years Months Days If less than one day

67 **7** **21** hr. min.

Due to **Carcinoma of sigmoid**

Due to **Hypertension Ht**

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace **Howes Mill Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

Major findings: **Carcinoma of sigmoid**

Of operations **None**

Of autopsy **None**

PHYSICIAN

Underline the cause to which death should be charged statistically.

11. Industry or business

12. Name **George Hogan**

13. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Julia Walthall**

15. Birthplace **Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Julia Wikle**

(b) Address **Oakland Park, Kansas**

17. (a) **Removal** (b) Date thereof **8/6/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Dillard, Mo.**

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?

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Ave.**

19. **AUG - 7 1941** (b) **J. T. Bredick**
(Date received local registrar) (Registrar's signature)

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

23. Signature **Conrad W. H. M. S.** (M. D. or other)

Address **James Desloge Hosp.** Date signed **8/19/41**

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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.