

No. 2
-1-4-41
-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

180

State File No. **455**

FILED FEB 24 1942

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **000**

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:
CITY HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 DAY**
(Specify whether)

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **21**
17

(c) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL")

(d) Street No. **1801 COLE ST.**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **MAMIE COTTAY**

3. (b) If veteran, name war.....

3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JAN.** day **14.**
year **1942** hour **6** minute **A.M.**

4. Sex **FEMALE** / 5. Color or race **WHITE** / 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **WILLIAM J. COTTAY** 6. (c) Age of husband or wife if alive **64** years

7. Birth date of deceased **UNKNOWN** **1895**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

that I last saw him..... alive on....., 19.....;

and that death occurred on the date and hour stated above.

Immediate cause of death.....

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

47 **UNKNOWN**
hr. min.

Due to **Lobar Pneumonia (Primary)**

Due to.....

9. Birthplace **ST. LOUIS** **MO.** **0**
(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

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

Major findings of operations.....

Of autopsy.....

MOTHER FATHER { 11. Industry or business.....

12. Name **EDWARD GROOMS**

13. Birthplace **ILLINOIS** /

14. Maiden name **MARGARET FINNEGAN**

15. Birthplace **ST. LOUIS** **MO.** **0**
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant **WILLIAM J. COTTAY**
(b) Address **1801 COLE ST.**

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?.....

17. (a) **BURIAL** (b) Date thereof **JAN. 16, 42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CALVARY CEMETERY**

18. (a) Signature of funeral director **Arthur J. Donnelly**
(b) Address **3840 LINCOLN BLVD**

19. (a) **JAN 15 1942** **J. F. McDevick**
(Date received at registrar's office) (Registrar's signature)

(Specify type of place)

While at work?..... (e) Means of injury.....

23. Signature **Arthur J. Donnelly** (M. D. or other)
Address **St. Louis** Date signed **1/15/42**

(Licensed Embalmer's Statement on Reverse Side)

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

X26390
000

Cosman Office

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 *William Matre*

Licensed Embalmer No. *2825*

P. O. Address *4340 Lafayette*

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.