No. 2
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-17-39
X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 26 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16263

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4547

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: 2941 Easton 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether In this community 10 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17 (000)

(c) City or town St. Louis 9.21 (If outside city or town limits, write "RURAL")

(d) Street No. 2941 EASTON AVE (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Etta May Cotton

3. (b) If veteran, name war —

3. (c) Social Security No. No

4. Sex FEMALE

5. Color or race 3 NEGRO

6. (a) Single, widowed, married, divorced 3 DIVORCED

6. (b) Name of husband or wife

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

7. Birth date of deceased 2 (Month) 22 (Day) 1916 (Year)

8. AGE: Years 28 Months 2 Days 21 If less than one day hr. — min.

9. Birthplace MACON (City, town, or county) MISS. (State or foreign country)

10. Usual occupation DOMESTIC

11. Industry or business —

FATHER
12. Name JEFF COTTON
13. Birthplace MACON (City, town, or county) MISS. (State or foreign country)

MOTHER
14. Maiden name MARY PERKINS
15. Birthplace MACON (City, town, or county) MISS. (State or foreign country)

16. (a) Informant ROBERT COTTON

(b) Address 2941 EASTON

17. (a) ~~Burial~~ (~~Burial, cremation, or~~ removal)* (b) Date thereof MAY 17 1944 (Month) (Day) (Year)

(c) Place: burial or cremation MACON MISS.

18. (a) Signature of funeral director CHASE & Bordie HOWELL

(b) Address 2834 GAMBLE ST.

19. (a) MAY 17 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 13 year 1944 hour 3 P.M. minute M.

21. I hereby certify that I attended the deceased from about April 20, 1944, to to May 13, 1944 that I last saw him alive on April 12, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death acute myocarditis acute muscular rheumatism

Due to Pulmonary tuberculosis

Due to

Other conditions (Include pregnancy within 3 months of death) 13 bd

Major findings:
Of operations —
Of autopsy no

Duration

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 C. L. Duckett (M. D. or other)

Address 352 E Franklin Date signed 5-15-44

(Licensed Embalmer's Statement on Reverse Side)

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 Chas. L. Stowell

Licensed Embalmer No. 2452

P. O. Address 2834 Gamble

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.