No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 27 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2363

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 378

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: De Paul Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 26 Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DEASCED:

(a) State Missouri (b) County 0 00

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

(d) Street No. 4124 Nat Bridge Blvd 10 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Kim Louis ~~Cotton~~ Cotner

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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 December (Month) 17 (Day) 1946 (Year)

8. AGE: Years 0 Months 0 Days 26 If less than one day hr. min.

9. Birthplace St. Louis Mo (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name Verlin C. Cotner

13. Birthplace Cape Girardeau County, Mo. (City, town, or county) (State or foreign country)

14. Maiden name Evelyn R. Reiner

15. Birthplace St. Louis Mo (City, town, or county) (State or foreign country)

16. (a) Informant Verlin C. Cotner

(b) Address 4124 Nat Bridge Blvd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 13 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cem.

18. (a) Signature of funeral director Calvin F Feutz

(b) Address 4828 Nat Bridge Blvd

19. (a) JAN 13 1947 (Date received local registrar) (b) J. F. Broecek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13 year 1947 hour 7 minute 15 a. M.

21. I hereby certify that I attended the deceased from 12/12/46, 19, to 12/13/46, 19; that I last saw h. alive on 12/12, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute gastro-enteritis — Duration 2 wks

Due to: ND

Due to:

Other conditions (Include pregnancy within 3 months of death): 119

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 Caldwell K. Hamilton (M. D. or other) MD

Address 1242 No. Theater Bldg. Date signed 1/13/47

St. Louis

(Licensed Embalmer's Statement on Reverse Side)

Mrs Martha [illegible]
1 Pm.

~~Sat 27~~
70-28[illegible]

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 Calvin F Feeks

Licensed Embalmer No. 3927

P. O. Address St Louis Mo

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.