

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED AUG 23 1948  
Registration District No. 318

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 27608  
Registrar's No. 7097

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

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:  
7418 S. Grand Bl.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
in this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME FRED E. COTTIN

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 494-09-9286

4. Sex MALE 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 FEB. 2 1884  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 6 9 hr. min.

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

10. Usual occupation ELEVATOR OPERATOR

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name JACOB H. COTTIN  
13. Birthplace ST LOUIS MO  
(City, town, or county) (State or foreign country)  
14. Maiden name FLORA SPANR  
15. Birthplace ST LOUIS MO  
(City, town, or county) (State or foreign country)

16. (a) Informant ROBT CORNELL  
(b) Address 7418 S. Grand

17. (a) BURIAL (b) Date thereof AUG 14 48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation ST TRINITY CH

18. (a) Signature of funeral director J P. Fisher

(b) Address 7128

19. (a) AUG 13 1948 (b) J T Biedeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 100  
(c) City or town ST LOUIS (If outside city or town limits, write "RURAL")  
(d) Street No. 7418 S. GRAND Bl. (If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 11  
year 1948 hour 112 minute P M.

21. I hereby certify that I attended the deceased from 8/9/48 to 8/9/48  
that I last saw him alive on 8/9/48 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Coronary occlusion  
Myocarditis, Chr  
Hypertension & Atherosclerosis

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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?

While at work \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

23. Signature J T Biedeck (M. D. or other) MD  
Address 7609 S. Bond Date signed \_\_\_\_\_

(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.....

*Ronald O. Yehke*  
.....

Licensed Embalmer No.....

*3917*

P. O. Address.....

*3720015*

**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.**