

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **27609**  
**7773**  
Registrar's No.

FILED SEP 13 1948 **318**  
Registration District No.

Primary Registration District No. **1003**

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:  
Homer G Phillips Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 wk  
(Specify whether years, months or days)

In this community 1 yr

3. (a) PRINT FULL NAME Darlene Cotton

3. (b) If veteran, name war No

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

4. Sex Female 5. Color or race Negro

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

6. (b) Name of husband or wife Evis Cotton

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased May 30 1914  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
34 3 0 hr. min.

9. Birthplace Homer Louisiana  
(City, town, or county) (State or foreign country)

10. Usual occupation Presser

11. Industry or business Cleaning Establishment

12. Name Loney Young

13. Birthplace Homer, Louisiana  
(City, town, or county) (State or foreign country)

14. Maiden name Lizzie Allen

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

16. (a) Informant Evis Cotton

(b) Address 1231 N 9th St

17. (a) Burial (b) Date thereof 9-4-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director C. J. Neesh

(b) Address 3847 Jeff. Ave.

19. (a) SEP 13 1948 (b) J. S. Budeck  
(Date received local report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County \_\_\_\_\_

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

(d) Street No. 1231 N 9th St  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30 year 1948 hour 9 minute 35 P. M.

21. I hereby certify that I attended the deceased from August 23, 1948 to August 30, 1948;  
that I last saw her alive on August 30, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death Malignant Hypertension  
Chr Glomerula Nephritis

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

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

Other conditions 12/1  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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)

(e) Means of injury Old Daniels

23. Signature Old Daniels (M. D. or other) \_\_\_\_\_

Address 2601 N Whittier Date signed 9-1-48

Duration  
Unk  
Unk  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

**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 Charles King

- Licensed Embalmer No. 4989

P. O. Address 3897 Page

**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.