

FILED JUN 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 17951
Registrar's No. 4431

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No. 17951		Registrar's No. 4431			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis							
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis			c. LENGTH OF STAY (In this place) 86			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lemay-Mo.			48 to 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital				d. STREET ADDRESS (If rural, give location) 720 Ave. "H"							
3. NAME OF DECEASED (Type or Print)		a. (First) Mattie Cotten		b. (Middle)		c. (Last) Cotten		4. DATE OF DEATH (Month) 5 (Day) 10 (Year) 51			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 2/14/87		9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home			10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) St. Louis-Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Rearfoss			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE John					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) -----		16. SOCIAL SECURITY NO. -----		17. INFORMANT'S SIGNATURE OR NAME Mrs. L.W. Schulz						ADDRESS 720 Ave. "H" Lemay	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Uremia DUE TO (c) Diabetes II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetic coma						INTERVAL BETWEEN ONSET AND DEATH 2 days 10 yrs			
19a. DATE OF OPERATION -----		19b. MAJOR FINDINGS OF OPERATION -----						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) -----		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) -----		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) -----		21f. HOW DID INJURY OCCUR? 2nd X					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) -----		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from 5-6-51 to 5-10-51 , that I last saw the deceased alive on 5-9-51 , and that death occurred at 12 noon , from the causes and on the date stated above.							
23a. SIGNATURE Robert L. Kuth, M.D.				23b. ADDRESS Hampton Village, Mo. 63024		23c. DATE SIGNED 5-12-51					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5/14/51		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis-Mo.					
DATE REC'D BY LOCAL REG. MAY 11 1951		REGISTRAR'S SIGNATURE J. B. Luster			25. FUNERAL DIRECTOR'S SIGNATURE Speker-Selderle		ADDRESS 3634 Grayois St. Louis				

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

Frank J. Ireland Sr.

Signed.....
Student Embalmer

Licensed Embalmer No. *2645*

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.