

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **44773**  
REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **12025**

FILED JAN 26 1953

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution.) a. STATE <b>Missouri</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>Bellefontaine Neighbors</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Faith Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>1170 Waldorf</b>	
3. NAME OF DECEASED a. (First) <b>CHARLES</b>		c. (Last) <b>COTLER</b>	
b. (Middle)		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 28, 1952</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
<b>Married</b>		<b>SEPT. 16, 1883</b>	
9. AGE (In years) (last birthday) <b>69</b>		10. MONTHS <b>3</b>	11. DAYS <b>10</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired - Cabinet Maker</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Poland</b>	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
13c. NAME OF HUSBAND OR WIFE <b>Sarah Cotler</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>489-03-2942</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. C. Cotler-1170 Waldorf</b>		ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>14 mo.</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Bronchial Asthma</b>		<b>7 yrs</b>	
DUE TO (c) <b>Allergy</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>241X</b>			
22. I hereby certify that I attended the deceased from <b>Dec 18, 1952</b> to <b>Dec 27, 1952</b> , that I last saw the deceased alive on <b>Dec 27, 1952</b> , and that death occurred at <b>11</b> m., from the causes and on the date stated above. <b>12-28-52</b>			
23a. SIGNATURE <b>Leo Reilly</b>		23b. ADDRESS <b>730 Hochman</b>	
23c. DATE SIGNED <b>12-29-52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>12/30/52</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Valherbe Crematory</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>DEC 30 1952</b>		REGISTRAR'S SIGNATURE <b>J. C. Smith</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>W. Herman</b>		ADDRESS <b>5216 Hwy</b>	

**m 80** (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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *John B. Dubouille*

Licensed Embalmer No. *3691*

P. O. Address *Rehoboth Beach, Md*

**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.