

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 11 1953

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 1062	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2169	
d. FULL NAME OF HOSPITAL OR INSTITUTION Little Sisters of the Poor				d. STREET ADDRESS (If rural, give location) 16 3400 S. Grand Ave. 0			
3. NAME OF DECEASED (Type or Print)		a. (First) Julius		b. (Middle) M.		c. (Last) Cotten	
4. DATE OF DEATH		Jan 28		1953			
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH July 7, 1873	
9. AGE (in years last birthday) 79		10. MONTH (Day) (Year) 6 21		11. BIRTHPLACE (City and State or Foreign Country) Sparta Tennessee /		12. CITIZEN OF WHAT COUNTRY? U.S.A	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber		10b. KIND OF BUSINESS OR INDUSTRY Retired		13a. FATHER'S NAME Thomas Cotten		13b. MOTHER'S MAIDEN NAME Matilda Britt	
13c. NAME OF HUSBAND OR WIFE Cora		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)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Chlora Lee Burks - Cincinnati Ohio		ADDRESS		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
18. CAUSE OF DEATH		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Insuff.		ANTECEDENT CAUSES		INTERVAL BETWEEN ONSET AND DEATH 2 1/2	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Arterio Sclerosis 3 1/2		DUE TO (c) Nephro Sclerosis 2 1/2			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19b. MAJOR FINDINGS OF OPERATION		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"/> OFF-WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		442X	
22. I hereby certify that I attended the deceased from Jan 2, 1953, to Jan 17, 1953, that I last saw the deceased alive on Jan 17, 1953, and that death occurred at 3 P. M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Chlora Lee Burks				23b. ADDRESS 607 1/2 Grand		23c. DATE SIGNED 1/29/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1/30/53		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis MO	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JAN 29 1953 J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. H. Kubben Sons, 2630 Gravois					

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

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**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 Robert F. Gebken

Licensed Embalmer No. 4144

P. O. Address 2630 Gravois

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.