

FILED MAY 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **19075**BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **546** Registrar's No. **1088**

1. PLACE OF DEATH a. COUNTY ST LOUIS		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) OVERLAND		c. CITY OR TOWN OVERLAND	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 18 mos		e. STREET ADDRESS (If rural, give location) 8240 ST CHARLES ROCK RD	
d. FULL NAME OF HOSPITAL OR INSTITUTION 8240 ST CHARLES ROCK RD			
3. NAME OF DECEASED (Type or Print) a. (First) WYMAN b. (Middle) BURDETTE c. (Last) COTTLE		4. DATE OF DEATH (Month) (Day) (Year) APR. 25 1956	
5. SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG. 15th 1896
9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Days 8	IF UNDER 24 HRS. Hours 24	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STOCK CLERK	10b. KIND OF BUSINESS OR INDUSTRY ST LOUIS WHOLE SALE DRUG CO.	11. BIRTHPLACE (City and State or Foreign Country) CINCINNATI, OHIO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME ALIS B. COTTLE		13b. MOTHER'S MAIDEN NAME MARY ISMAEL	
14. NAME OF HUSBAND OR WIFE MARTHA COTTLE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs MARTHA COTTLE 8240 ST CHARLES ROCK RD OVERLAND MO	
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) Circulatory Failure INTERVAL BETWEEN ONSET AND DEATH Seconds ANTECEDENT CAUSES DUE TO (b) Acute Coronary Thrombosis Seconds DUE TO (c) Arteriosclerosis Years 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) 4201	
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?	
22. I hereby certify that I attended the deceased from Mar. 31, 1956 , to April 25, 1956 , that I last saw the deceased alive on April 23, 1956 , and that death occurred at 10:10 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Robert E. Owen D.O.		23b. ADDRESS 7805 Olive Blvd. St Louis Mo.	23c. DATE SIGNED 4-28-56
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Apr. 30-1956	24c. NAME OF CEMETERY OR CREMATORY ST. MATTHEW CEM.	24d. LOCATION (City, town, or county) (State) ST LOUIS, MO.
DATE REC'D BY LOCAL REG. 4-29-56	REGISTRAR'S SIGNATURE Hendert B. Romberg	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fey FUNERAL HOME, MEHNVILLE, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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 emb
by me, ~~emb~~..... Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Elton R. Remelin*.....

Licensed Embalmer No. *428*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.