

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10878

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, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Homer G. Phillips		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5129 Wells Ave.,
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Levell Middle Last Cotton			4. DATE OF DEATH Month Nov. Day 21, Year 1961		
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-14-60	9. AGE (last birthday) 1	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) St. Louis, Mo.,		12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Walter Cotton		13b. MOTHER'S MAIDEN NAME Ruby Hall		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) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Walter Cotton Address 5129 Wells Ave.,	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Broncho Pneumonia;			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Strangulation caused from Thyroiditis,		
	DUE TO (c) which is extensive.		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 273x			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year					
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____.
 Death occurred at _____ **11:05 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Paul G. Simon (Degree or title) Deputy Coroner	22b. ADDRESS 1300 Clark	22c. DATE SIGNED 11/22/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-27-61	23c. NAME OF CEMETERY OR CREMATORY Father Dickson Cemetery	23d. LOCATION (City, town, or county) St. Louis County, Mo.,
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24. FUNERAL DIRECTOR G. Wade Granberry ADDRESS 4202 Finney Ave.	25. DATE RECD. BY LOCAL REG. NOV 22 1961	26. REGISTRAR'S SIGNATURE Loan Smith, M.D.
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STATE FILE NUMBER
STANDARD FORM NO. 1
BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

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 _____
Signature of Student Embalmer

Signed Edward A. Flynn

Licensed Embalmer No. 4444

P. O. Address 4202 Finney Ave.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.