APR 9 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791

Do not use this space.

10518

1. PLACE OF DEATH

County ..... Registration District No. 1003

Township ..... Primary Registration District No. ..... File No. .....

City St. Louis (No. St. Lukes Hospital St. ..... Ward) Registered No. 2125

2. FULL NAME Frank J. Cotta.

(a) Residence, No. 4139a W. Florissant St. Ave. 9 Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ~~Oct 7~~ unk

7. AGE: YEARS 68 | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Caterer own

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bakery

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo

FATHER

13. NAME Emil Cotta.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Franciska Beck.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Oscar Cotta 4139a W. Florissant Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crematory DATE Mar. 5, 1935

19. UNDERTAKER (ADDRESS) Math Hermann & Son 2161 E. Lafayette Ave.

20. FILED MAR 1 1935 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1934, to March 2, 1935

I last saw him alive on March 2, 1935. Death is said to have occurred on the date stated above, at 8:00 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyonephrosis (Lft) Calculus	
Not caused by hypertrophy	Oct 1934

Other contributory causes of importance:

Prostatic Hypertrophy

Name of operation Nephrectomy Date of March 2/35

What test confirmed diagnosis? clinical, X-ray, cystoscopic Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Joseph E. Glenn, M. D.

(Address) 958 Arcade Bldg

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

100M-11-24-33