

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.

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

Do not use this space.

AUG 23 1935

28348

1. PLACE OF DEATH

County St. Louis Registration District No. 1170
Township Central Primary Registration District No. 6748H
City Richmond St. (Near St. Marys Hospital) St. _____ Ward _____

File No. _____
Registered No. 160
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 4954 Menona Av. St. _____ 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 27, 1935</u>		
7. AGE	YEARS	MONTHS
	<u>1</u>	<u>2</u>
		<u>8</u>
	If LESS than 1 day, _____ hrs. or _____ min.	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	

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

13. NAME Richard A. Cotner

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

15. MAIDEN NAME Pauline Deems

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

17. INFORMANT (ADDRESS) Richard A. Cotner
4954 Menona Av.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Lawn Cem DATE Aug. 31, 1935

19. UNDERTAKER (ADDRESS) Beragoch and Co.
3161 N. 1st St. St. Louis, Mo.

20. FILED Aug 5, 1935 Arthur Porter
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 4th, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1935, to Aug 4th, 1935.
I last saw him alive on Aug 4th, 1935. Death is said to have occurred on the date stated above, at 12:50 m.

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

Marasmus.
157
Other contributory causes of importance: Premature 7 1/2 months.

Date of onset May 31

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Arthur Porter, M. D.
(Address) 3500 Cambridge
St. Louis, Mo.

