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.

REC'D MAR 14 1938

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

4755
Do not use this space.

Registration District No. 791
Primary Registration District No. 1003
Registered No. 1400

1. PLACE OF DEATH
(a) County St. Louis
(b) Township
(c) City St. Louis
(d) Street No. 4359 Taft Ave., St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Millicent Cottle 3 4 0
(a) Residence, No. 7009 Tholozan Ave. St. 3
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 30 1854

7. AGE: Years 83 | Months 3 | Days 5 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. Retired
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) Warren County Ohio

FATHER
13. NAME James Coates
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maine

MOTHER
15. MAIDEN NAME Rhoda Thompson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. J. O. Thiel,
(ADDRESS) 7009 Tholozan Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mainville, Ohio DATE Febr. 8, 1938

19. FUNERAL DIRECTOR ~~RITTELBERG FUNERAL HOME, Inc.~~ WEBSTER GROVES, MO.
(ADDRESS) WEBSTER GROVES, MO.

20. FILED FEB 7 1938 J. E. Buder Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 5th 1938

22. I HEREBY CERTIFY That I attended deceased from Sept 24th 1935 to Feb. 5th 1938
I last saw her alive on Feb. 5 1938 Death is said to have occurred on the date stated above, at 6 55 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ch. Interstitial nephritis	1937
Other contributory causes of importance:	
Arteriosclerosis	1935

Name of operation — Date of —
What test confirmed diagnosis? Usual 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) C. V. Wilson M. D., M. D.
(Address) 3201 Dwyer Ave St Louis Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. .....

No..... or by ....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

MITTELB... FUNERAL HOME, Inc.
WEBSTER GROVES, MO.