No. 2
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FILED SEP 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 17 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

State File No. 27226

Registration District No. 791

Primary Registration District No.

Registrar's No. 7018

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 200

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4081 Burgen Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mary Cottom

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Late Emanuel Cottom

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April (Month) 3rd (Day) 1878 (Year)

8. AGE: Years 63 Months 4 Days 28 If less than one day hr. min.

9. Birthplace Carmi (City, town, or county) / Illinois (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name James Shipley

13. Birthplace Carmi (City, town, or county) / Illinois (State or foreign country)

MOTHER 14. Maiden name Gertrude Wilson

15. Birthplace Carmi (City, town, or county) / Illinois (State or foreign country)

16. (a) Informant Mrs. Fannie Weiss

(b) Address 4081 Burgen Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-2-41 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) AUG 30 1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 29th year 1941 hour 10:10 minute P.M. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;

that I last saw h alive on , 19 ;

and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of Skull Suffered When Deceased fell down Jen Wooden Steps Leading to Basement Locating Home of her Daughter 4600 Aldenfury ave

Due to On Aug 29-1941 about 8:15 PM

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1 86 A

Of autopsy 1 8

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Aug 29-1941

(c) Where did injury occur? St Louis (City or town) 200 (County) Co (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home of Daughter (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) 3

Address Date signed 8/30/41

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Reinhold X Lehrman

Licensed Embalmer No. 3395

P. O. Address.....

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.)

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