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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 22 1941

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 37146

Registrar's No. 9376

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:
Homer G. Phillips Hospital D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 23 da. 2hr. 5min (Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 12

(c) City or town St. Louis 119
(If outside city or town limits, write "RURAL")

(d) Street No. 4260 W. Cote Brilliante 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Robert Levi Cothrine

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife

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

7. Birth date of deceased 10 (Month) 20 (Day) 41 (Year)

8. AGE: Years | Months | Days 22 | If less than one day 9 hr. 3 min.

9. Birthplace St. Louis, Missouri D
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name James Levi Cothrine
13. Birthplace Newport (City, town, or county) Arkansas (State or foreign country) 1

MOTHER
14. Maiden name Mary Ruth Peebles
15. Birthplace Fayette (City, town, or county) Alabama (State or foreign country) 1

16. (a) Informant Esther Mae Sherard, R.R.
(b) Address 2601 N. Whittier Street

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-26-41 (Month) (Day) (Year)
(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director Joe Hamilton
(b) Address City Health Dept.

19. (a) NOV 26 1941 (Date received by registrar) (b) J. H. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November Day 12 year 1941 hour 12 minute 15 p.m.

21. I hereby certify that I attended the deceased from 10-20-41, 19, to 11-12-41, 19; that I last saw him alive on 11-12-41, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Prematurity Atelectasis	
Prematurity	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy same as above

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)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature D S Moore (M. D. or other)
Address 2601 N. Whittier St. Date signed

(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.....

Licensed Embalmer No.....

P. O. Address.....

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

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