

FILED OCT 6 1942 **318**

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

Registrar's No. **7950**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town **St. Louis, Missouri**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **Homer G. Phillips Hospital**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **9 days**  
 (Specify whether \_\_\_\_\_)  
 In this community **15 years**  
 (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**  
 (c) City or town **St. Louis,**  
 (If outside city or town limits, write "RURAL") **21 1/2**  
 (d) Street No. **2945 Pine St.**  
 (If rural, give location) **7**  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country **0**

3. (a) PRINT FULL NAME

**Thomas Cothrine**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex **MALE** 5. Color or race **2 NEGRO** 6. (a) Single, widowed, married, divorced **3 WIDOWED**  
 6. (b) Name of husband or wife **EARSLY COTHURINE** 6. (c) Age of husband or wife if alive **1871** years  
 7. Birth date of deceased **NOV 22** (Month) (Day) (Year)

8. AGE: Years **70** Months **15** Days **28** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **FRANKLIN ARK** (City, town, or county) (State or foreign country)

10. Usual occupation **SCHOOL TEACHER**

11. Industry or business **NONE**

MOTHER FATHER

12. Name **CARD COTHURINE**  
 13. Birthplace **UNKNOWN** (City, town, or county) (State or foreign country)  
 14. Maiden name **JANE COTHURINE**  
 15. Birthplace **ARK** (City, town, or county) (State or foreign country)

16. (a) Informant **EMIS POPE**  
 (b) Address **CREVE CEUR MO**

17. (a) **Burial** (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
 (c) Place: burial or cremation **Greenwood**

18. (a) Signature of funeral director **Metropolitan**  
 (b) Address **3028 S. Taylor**

19. (a) **SEP 25 1942** (b) **J. H. Bedeak**  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **20,**  
 year **1942** hour **11** minute **20 P.** M.  
 21. I hereby certify that I attended the deceased from **September**  
**11,** 19 **42** to **September 20,** 19 **42**

that I last saw him alive on **September 20,** 19 **42**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Abscess of right submaxillary gland with subsequent thrombosis of internal jugular vein (rt.)**  
 Due to \_\_\_\_\_ weeks

Due to \_\_\_\_\_  
 Other conditions **100**  
 (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **H. P. Venable** (M. D. or other) \_\_\_\_\_  
 Address **2600 Whittier** Date signed **9/28/42**

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

**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

*Chas. L. Howell*

Licensed Embalmer No. *2452*

P. O. Address. *2834 Gambler*

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

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