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OM—5-42
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

T/N 6050 34750

State File No. 0

FILED OCT 26 1942

Registration District No. 184 Primary Registration District No. 200 Registrar's No. 2178

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0

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

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. Oct.13,1942 (Specify whether
In this community Unknown.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 3041-A Easton Avenue
(If rural, give location)

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

If yes, name country - /

3. (a) PRINT FULL NAME Sam Cotton

3. (b) If veteran, name war World War-1918

3. (c) Social Security No. ~~Yes - not remembered~~ 494-03-3789

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Clara

6. (c) Age of ~~husband or~~ wife if alive 43 years

7. Birth date of deceased December (Month) 26, (Day) 1898 (Year)

8. AGE: Years 43 | Months 9 | Days 22 | If less than one day hr. min.

9. Birthplace Cannon, (City, town, or county) Miss. / (State or foreign country)

10. Usual occupation WPA Laborer

11. Industry or business

FATHER
12. Name Wash Cotton
13. Birthplace (City, town, or county) Mississippi / (State or foreign country)

MOTHER
14. Maiden name Joseph Anderson
15. Birthplace (City, town, or county) Mississippi / (State or foreign country)

16. (a) Informant Alice Selvaggi
(b) Address Actg.Clinical Clerk,VAF,Jeff.Bk.Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-23-42 (Month) (Day) (Year)
(c) Place: burial or cremation Jefferson Barracks Natl

18. (a) Signature of funeral director J H Randle & Son
(b) Address 3133 Bell Ave

19. (a) OCT 20 1942 (Date received local registrar) (b) E G McGarron M.D. (Registrar's signature) A.K.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18th, year 1942, hour 5:05 minute P. M.

21. I hereby certify that I attended the deceased from October 13, 1942, to October 18, 1942 that I last saw him alive on October 18, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive and coronary arteriosclerotic heart disease with myocardial damage, and	Unknown
~~Due to~~ Nephritis,chr.,with nitrog.retention.	Unknown
~~Due to~~ Other conditions: Arteriosclerosis, generalized.	Unknown
Other conditions - (Include pregnancy within 3 months of death)	
Major findings: Of operations -	
Of autopsy No autopsy.	

B/b

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? L M Cochran Means of injury 0

23. Signature L. M. COCHRAN, M.D., (M. D. or other)

Address CHIEF MEDICAL OFFICER Date signed 10/19/42

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707 (Licensed Embalmer's Statement on Reverse Side)

OCT 26 1942

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. S. J. Watson

Licensed Embalmer No. 2698

P. O. Address. 2769 Chouteau

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.