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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22436

FILED JUN 19 [illegible]

Registration District No. [illegible]7

Primary Registration District No. 6076

Registrar's No. 1260

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Pine Crest Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis Co.

(c) City or town DeSoto, Missouri
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Isaac. H. Cottner

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male D

5. Color or race White

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Unknown (Month) Unknown (Day) Unknown (Year)

8. AGE: Years 81 Months Unk. Days Unk. If less than one day hr. min.

9. Birthplace French Village (City, town, or county) Unknown (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Unknown

13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER 14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Pine Crest Home

(b) Address Ballwin, Missouri

17. (a) DeSoto Mo (Burial, cremation, or removal) (b) Date thereof 6-11-44 (Month) (Day) (Year)

(c) Place: burial or cremation DeSoto Mo.

18. (a) Signature of funeral director Zink Und Co.

(b) Address Festus Mo.

19. (a) JUN 9 - 1944 (Date received local registrar) (b) C. D. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8th year 1944 hour 5:30 minute P. M.

21. I hereby certify that I attended the deceased from 3/13, 19..., to 6/8, 1944, that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Liver	
Due to	
Due to	
Other conditions Arteriosclerosis (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? (Specify type of place)

While at work (e) Means of injury

23. Signature R. J. Jansen (M. D. or other)

Address Manchester Mo Date signed 6/8/44

(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 Eleanor Prowse

Licensed Embalmer No. 3403

P. O. Address Festus Mo.

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

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