

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

FILED APR 6 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. **10594**
Registrar's No. **788**

Registration District No. **317**

Primary Registration District No. **3063**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Clayton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **79 Days**
(Specify whether)
In this community **8 years**
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis 96**
(c) City or town **University City**
(If outside city or town limits, write "RURAL")
(d) Street No. **7328 Wellington**
(If rural, give location)
(e) Citizen of foreign country? **No** *(Yes or No)*
If yes, name country _____

3. (a) PRINT FULL NAME **JESSIE COTTAM**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Jay Cottam** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **October 20 1893**
(Month) (Day) (Year)

8. AGE: Years **52** Months **5** Days **10** If less than one day _____ hr. _____ min.

9. Birthplace **Madison Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housekeeper**

11. Industry or business _____

MOTHER FATHER { 12. Name **Walter L. Green**
13. Birthplace **Madison Ohio**
(City, town, or county) (State or foreign country)
14. Maiden name **Lillian Clark**
15. Birthplace **Rochester New York**
(City, town, or county) (State or foreign country)

16. (a) Informant ~~3232~~ **MARY G. STILES**
(b) Address **7328 WELLINGTON**

17. (a) **Removal** (b) Date thereof **4-2-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Madison, Ohio**

18. (a) Signature of funeral director **Alexander & Sons**
(b) Address **6175 Delmar**

19. (a) **4-1-46** (b) **E. H. Tarran**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **30th**
year **1946** hour **Eight** minute **50** P.M.

21. I hereby certify that I attended the deceased from **January 11th 1946** to **March 30th 1946**;
that I last saw her alive on **March 30th 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**
Due to **arteriosclerosis**

Other conditions **fracture right hip**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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) (c) Means of injury **0**

23. Signature **Donald O. Burst** (M. D. or other) _____
Address **601 Brentwood** Date signed **3-31-46**

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 *Thomas R. Penwick*

Licensed Embalmer No. *3793*

P. O. Address *6175 Debnar*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10594

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March Day 30
year 1946 (hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Cerebral hemorrhage

Due to Fractured right hip

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

Duration

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) acc
(b) Date of occurrence 1-11-46
(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 home (Specify type of place) (c) Means of injury slipped on floor
23. Signature Ronald Bursel (M. D. or other)
Address 601 Brentwood Date signed _____

3. (a) PRINT FULL NAME

Jessie Cottam

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race White 6. (a) Single, widowed, married, divorced Wid

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

7. Birth date of deceased Oct. 20 1893
(Month) (Day) (Year)

8. AGE: Years 52 Months 5 Days 30 If less than one day _____ hr. _____ min.

9. Birthplace Ohio (City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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SUPPLEMENTARY

