FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 28 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 20770

Registrar's No. 5533

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

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: Alexion Bros. Hospital. 0
(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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 5328a Easton Avenue
(If rural, give location)

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

If yes, name country

000
17
9
0

3. (a) PRINT FULL NAME Robert P. Cotner.

3. (b) If veteran, name war World War # 2

3. (c) Social Security No. 495-16-1176.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Rose Mary Cotner.

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased February (Month) 7, (Day) 1924. (Year)

8. AGE:

Years	Months	Days	If less than one day
24	4	9	hr. min.

9. Birthplace Salem, (City, town, or county) Missouri. 0 (State or foreign country)

10. Usual occupation Clerk

11. Industry or business

FATHER
12. Name Edward Cotner.
13. Birthplace Salem, (City, town, or county) Missouri. 0 (State or foreign country)

MOTHER
14. Maiden name Maud Miller.
15. Birthplace Warren, (City, town, or county) Illinois. (State or foreign country)

16. (a) Informant Mrs. Rose Mary Cotner.
(b) Address 5328a Easton Avenue.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-19-1948. (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Lebanon Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch. Inc.
(b) Address 5966-68 Easton Avenue.

19. (a) JUN 18 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16th.
year 1948 hour 10.50 P.M. M.

21. I hereby certify that I attended the deceased from 2/28/48, 19..., to 6-16, 1948.
that I last saw him alive on June 16, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Interruption Ileum Into Coccum.

Due to Duodenal ulcer

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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 mo

23. Signature [signature] (M. D. or other)

Address 5899 Delmar Date signed 6/18/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. L.F. Hayden.
5899 Delmar Blvd.
Hours 2 to 4 P.M.
Cabanny 7201

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 Clement McGeary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.