

S. No. 300
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED JAN 11 1949

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **11118**

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
St. Louis State Hospital
(If not in hospital or institution, write street number or location)

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

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County own

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

(d) Street No. 5300 Arsenal St.
(If rural, give location)

(e) Citizen of foreign country? 13 _____ (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME Bessie Lee Cottle

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 23rd
year 1948 hour 12;25 minute A. M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased January 17 1884
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from December 24, 1945 to December 23, 1948;
that I last saw her alive on December 23, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Generalized Arteriosclerosis
Senility

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy no

Duration 1945

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

8. AGE: Years 64 Months 11 Days 6
If less than one day _____ hr. _____ min.

9. Birthplace O'Fallon Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER { 12. Name Warren Cottle

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

14. Maiden name Alice Steven

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant William T. Cottle
(b) Address 1911 Hadley St.

17. (a) Burial (b) Date thereof 12-25-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation O'Fallon, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) DEC 23 1948 (b) J. B. L...
(Date received local registrar's certificate) (Registrar's signature)

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 Jack R. Edelman (M. D. or other) _____
Address 5400 Arsenal St. Date signed 12/23/48

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.....

Elmo F. Cadwell

..... Licensed Embalmer No..... *4077*

..... P.O. Address.....

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.