

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

20906

State File No. ....

**FILED JUL 15 1949**

**318**

**1003**

**5724**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)	
b. CITY OR TOWN <i>St. Louis MO</i>		a. STATE <i>3912 E. Wright Mo</i> b. COUNTY <i>St. Louis</i>	
c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <i>St. Louis MO</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Homer G Phillips Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>17 = 3912 E. Wright</i>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <i>Marshall</i>	b. (Middle)	c. (Last) <i>Cottrell</i>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year)
				<i>June 28 1949</i>

<b>5. SEX</b> <i>Male</i>	<b>6. COLOR OR RACE</b> <i>Cauc</i>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> <i>Widowed</i>	<b>8. DATE OF BIRTH</b> <i>June 25 - 9 Oct 60</i>	<b>9. AGE</b> (In years) (at birthday)	<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)	<b>11. BIRTHPLACE</b> (State or foreign country)	<b>12. CITIZEN OF WHAT COUNTRY?</b>
				<i>9</i>	<i>Genitor</i>	<i>West Va.</i>	<i>U.S.A.</i>

<b>13a. FATHER'S NAME</b> <i>Not known</i>	<b>13b. MOTHER'S MAIDEN NAME</b> <i>Not known</i>	<b>14. NAME OF HUSBAND OR WIFE</b> <i>Deceased</i>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b>	<b>ADDRESS</b>
<i>No</i>		<i>Leona M. Cooper</i>	<i>800 Cleburn</i>

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia; etc. It means the disease, injury, or complication which caused death.</i>	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <i>Pulmonary Congestion and Edema</i>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <i>19 days</i>
	b. <i>Decompensation Hypertensive Heart Disease with</i>		
	c. <i>Generalized arteriosclerosis</i>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			<b>Undet.</b>

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <i>93rd</i>
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <i>H4/B X</i>

**22. I hereby certify that I attended the deceased from *6-9*, 19*49*, to *6-28*, 19*49*, that I last saw the deceased alive on *6-28*, 19*49*, and that death occurred at *2:12 Pm.*, from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <i>James L. Hedrick M. D.</i>	<b>23b. ADDRESS</b> <i>2601 N Whittier St</i>	<b>23c. DATE SIGNED</b> <i>6-29-49</i>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)	<b>24b. DATE</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b>	<b>24d. LOCATION</b> (City, town, or county) (State)
<i>Funeral</i>	<i>7-2-49</i>	<i>Washington Park</i>	<i>St. Louis MO</i>

<b>DATE REC'D BY LOCAL REG.</b> <i>JUL 2 1949</i>	<b>REGISTRAR'S SIGNATURE</b> <i>J. B. Blaster</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>H. P. Paul</i>	<b>ADDRESS</b> <i>Und B 2726</i>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Frederick Vandell* .....

Licensed Embalmer No. *4243* .....

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.