

FILED JAN 14 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

42378

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1259**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS 28 932 S. Sarah	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Cora	b. (Middle) Belle	c. (Last) Cotten	4. DATE OF DEATH (Month) (Day) (Year) Dec 31 1949
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 9 1875	9. AGE (In years) (Month) (Day) (Hour) (Min.) 74
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (State or foreign country) Pike Co. Ohio	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME Louis Willburn	13b. MOTHER'S MAIDEN NAME Sarah Parks	14. NAME OF HUSBAND OR WIFE Julius
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Julius Cotten	ADDRESS 932 S. Sarah
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 2d and 3d degree burns of body when clothing caught fire while lighting a cigarette in her room and Dec 30 1949 about 3:25 am		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) None	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. No Damage to body; approximately 100... Damage to contents		DUE TO (c) 3:25 am	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Accident	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo 181
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 30 49 3:25 am	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 15'
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22. I hereby certify that I attended the deceased from _____ 19____, to _____ 19____, that I last saw the deceased alive on _____ 19____, and that death occurred at **2:59 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Joseph M. Quinn	23b. ADDRESS 1308 Clark	23c. DATE SIGNED 12/31/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 2 1950	24c. NAME OF CEMETERY OR CREMATORY Resurrection	24d. LOCATION (City, town, or county) (State) St. Louis, Mo
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DATE REC'D BY LOCAL REG. JAN 3 1950	REGISTRAR'S SIGNATURE J. B. Hunter	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Rowland Mortuary St. Louis, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

66877

JUL 5 1961

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 Howard R. Rowland

Licensed Embalmer No. 3114

P. O. Address Ot. Lewis 10 Mo

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.