

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 13 1950

State File No. 21446

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5693

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN East St. Louis 8120	
d. FULL NAME OF HOSPITAL OR INSTITUTION Peoples Hospital		d. STREET ADDRESS (If rural, give location) 4633 Market Avenue 8	

3. NAME OF DECEASED (Type or Print) James Earl Cotton			4. DATE OF DEATH June 25, 1950		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED married	8. DATE OF BIRTH Feb. 3, 1913	9. AGE (In years last birthday) 37	IF UNDER 1 YEAR Months 4 Days 22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY American Steel		11. BIRTHPLACE (State or foreign country) Louisville, Mississippi	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME John Cotton	13b. MOTHER'S MAIDEN NAME Lonnie Billings	14. NAME OF HUSBAND OR WIFE Mae Otis Cotton
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 425-10-2416	17. INFORMANT'S SIGNATURE OR NAME X Small City Cotton	ADDRESS 4633 Market
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema		DUE TO (b) Encephalitis		2 days
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) None		6 days
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. -	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 057.0
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I hereby certify that I attended the deceased from 8/19, 1950, to 6/25, 1950, that I last saw the deceased alive on 6/24, 1950, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature]	(Degree or title) MD	23b. ADDRESS 1500 E. Palmyra St. Louis, Mo	23c. DATE SIGNED 6/30/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6-30-50	24c. NAME OF CEMETERY OR CREMATORY Booker Washington	24d. LOCATION (City, town, or county) (State) E. St. Louis, Illinois
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DATE REC'D BY LOCAL REG. JUN 30 1950	REGISTRAR'S SIGNATURE J. B. Farner	25. EMERALD DIRECTOR'S SIGNATURE [Signature]	ADDRESS 3817 Page
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

X means: copy 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 C. J. Nash

Licensed Embalmer No. 2432

P. O. Address 5947 Wagon

**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.

Not a C. J.