

FILED JUL 23 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26547

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 541	Registrar's No. 1926
1. PLACE OF DEATH a. COUNTY ST. LOUIS 0		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS		
b. CITY (If outside corporate limits, write RURAL and give township) CLAYTON		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WEBSTER GROVES 4577		
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS COUNTY HOSPITAL		d. STREET ADDRESS (If rural, give location) 715 CLARK AVE. 1		
3. NAME OF DECEASED (Type or Print) a. (First) Ollie		b. (Middle) M		c. (Last) Cottam
4. DATE OF DEATH (Month) (Day) (Year) 7-15-52		5. SEX FEMALE / 6. COLOR OR RACE WHITE		
7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 5-19-1901		9. AGE (In years last birthday) 51
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Hardin, Ill. 1
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Unknown		
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Vernon W. Cottam		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Vernon W. Cottam, above
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive Cardiac-Vascular disease DUE TO (c) 331X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None		INTERVAL BETWEEN ONSET AND DEATH 4 days ?
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION No operation		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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?
22. I hereby certify that I attended the deceased from 7-12-1952 to 7-15-1952 that I last saw the deceased alive on 7-15-1952 and that death occurred at 6:50 AM, from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Dentist Thos. W. W.		23b. ADDRESS 601 S. Brentwood, Clayton, Mo.		23c. DATE SIGNED 7/16/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-17-52		24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Ceme.
24d. LOCATION (City, town, or county) St. Louis, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS JAY B. SMITH, Maplewood 17, Mo.		
DATE REC'D BY LOCAL REG. 7-17-52		REGISTRAR'S SIGNATURE Herbert R. Donke		

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 W E Morris

Licensed Embalmer No. 3360

P. O. Address St Louis, 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.