

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24405  
6337

State File No. ....  
Registrar's No. ....

BIRTH NO. 46730-54 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>4 hrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G. Phillips Hosp.</u>			d. STREET ADDRESS (If rural, give location) <u>1652 Biddle</u> <span style="float:right"><u>22590</u></span>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lee</u>		b. (Middle) <u>Allen</u>		c. (Last) <u>Cotton, Jr.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7 1 54</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>7-1-54</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 12 Hrs. <u>4 5</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Lee Allen Cotton, Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>Doris Southerland</u>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary D. Jett, R.R.L. 2601 N. Whittier</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature Birth - Neonatal Death</u>				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES					
	MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last.					
	DUE TO (b) _____					
	DUE TO (c) _____					
	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"/>	
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)				
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? <u>7785</u>				
22. I hereby certify that I attended the deceased from <u>7-1</u> , <u>1954</u> , to <u>7-1</u> , <u>1954</u> , that I last saw the deceased alive on <u>7-1</u> , <u>1954</u> , and that death occurred at <u>8:45 p.m.</u> , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <u>William H. Sinkler</u>		23b. ADDRESS <u>M. D. 2601 N. Whittier</u>		23c. DATE SIGNED <u>7-9-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>7-31-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>JUL 13 1954</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Rowland-Aker Mortuary Service</u>			

**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.....

Licensed Embalmer No.....

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.