

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 16 1954

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7871

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|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>HOMER G. Phillips Hospital</u> | | 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) | c. CITY OR TOWN <u>St. Louis</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G. Phillips Hospital</u> | | e. STREET ADDRESS (If rural, give location) <u>21 3511 Laclede</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) _____ c. (Last) <u>Cothran</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>August 23, 1954</u> | |
| 5. SEX <u>Male</u> | 6. COLOR (OR RACE) <u>Colored</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SEPT.</u> | 8. DATE OF BIRTH <u>2/15/607</u> |
| 9. AGE (In years last birthday) <u>47</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 11. BIRTHPLACE (City and State or Foreign Country) <u>1</u> |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY <u>WAGNER Electric</u> | 11. BIRTHPLACE <u>Kentucky</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Charles Cothran</u> | 13b. MOTHER'S MAIDEN NAME <u>JARAH Cherry</u> |
| 14. NAME OF HUSBAND OR WIFE <u>Adessie Cothran</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>✓</u> |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Lillian Moore</u> | | 17. ADDRESS <u>4374 Washington</u> | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cardiovascular Disease (Decompensated)</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>Undt</u> | |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | REMARKS <u>REMARKS</u> | |
| ANTECEDENT CAUSES | | DUE TO (b) _____ | |
| Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: <u>no history of disease is recorded in the body where the body was examined</u> | | DUE TO (c) _____ | |
| II. OTHER SIGNIFICANT CONDITIONS | | DUE TO (c) _____ | |
| Conditions contributing to the death but not related to the disease or condition causing death. <u>Uremia</u> | | _____ | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____ | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? _____ | <u>443X</u> |
| 22. I hereby certify that I attended the deceased from <u>August 16, 1954</u> to <u>August 23, 1954</u> , that I last saw the deceased alive on <u>August 23, 1954</u> , and that death occurred at <u>11:50 a.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE OF REGISTRAR <u>Hugh Waters</u> | | 23b. ADDRESS (Degree or title) <u>M.D. 2601 N. Whittier</u> | 23c. DATE SIGNED <u>8/24/54</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u> | 24b. DATE <u>Aug 26 1954</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County, MO.</u> |
| DATE REC'D BY LOCAL REGISTRAR <u>AUG 25 1954</u> | REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Louise Smith</u> ADDRESS <u>4374 Washington</u> | |

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.....
Signature of Student Embalmer

Signed *H. Claude Gordon*

Licensed Embalmer No... *34*

P. O. Address *4575 U*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.