V.S. No. 300
Rev. 10.48

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

FILED OCT 28 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37316

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9281

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 1hr.
d. FULL NAME OF HOSPITAL OR INSTITUTION: Alexian Brothers Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lemay 4860
d. STREET ADDRESS (If rural, give location): 2738 Telegraph Rd.

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Wm.
c. (Last): Cotterill

4. DATE OF DEATH (Month) (Day) (Year): Oct. 3, 1957

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 26, 1891
9. AGE (In years last birthday): 66
If under 1 year: Months | Days
If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Meat Buyer
10b. KIND OF BUSINESS OR INDUSTRY: Kroger Co.
11. BIRTHPLACE (State or foreign country): Des Peres, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James Cotterill
13b. MOTHER'S MAIDEN NAME: Sally Busch
14. NAME OF HUSBAND OR WIFE: Ernestine T. Cotterill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 269-09-0298A
17. INFORMANT'S SIGNATURE OR NAME: Ernestine T. Cotterill, 2738 Telegraph
ADDRESS

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: ~~72 hrs~~

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Pleural Effusion — 72 hrs
DUE TO (c) Pleural effusion
420.1H

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*
Carcinoma of rt. lung
Carcinoma of right lung.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

~~10-3-57~~ ~~June 1952~~ ~~Death~~

22. *I hereby certify that I attended the deceased from* June 1952, *19*___ *to* death, *19*___, *that I last saw the deceased alive on* 3 Oct 57, *19*___, *and that death occurred at* 11:30 ~~11:30~~ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): John G. Kellett M.D.
John G. Kellett M.D.
23b. ADDRESS: 2314 Telegraph Rd. — 2314 Telegraph Road.
23c. DATE SIGNED: 10-5-57 — Oct 4 57

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 10/7/57
24c. NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery
24d. LOCATION (City, town, or county) (State): Kirkwood 22, Mo.

DATE REC'D BY LOCAL REG.: OCT 5 57
REGISTRAR'S SIGNATURE: J. Earl Smith - MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Pfitzinger Mortuary, Kirkwood, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Ben B. Hoffman

Licensed Embalmer No. 4366

P. O. Address St Louis Co. 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.