

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-029816

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8056 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 15 1963

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS MO.		Length of stay in 1b 23 days		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		c. CITY OR TOWN St. Louis, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP # 1		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 8218 N. Broadway		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print)			First SOPHIA			Middle			Last COTTA			4. DATE OF DEATH Month 8 Day 6 Year 63		
5. SEX Female		6. COLOR OR RACE Caucasian		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8/14/88		9. AGE (last birthday) 74		IF UNDER 1 YEAR Months 11 Days 22 Hours Min. 		IF UNDER 24 HR Hours Min. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel Operator				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country) London, England		12. CITIZEN OF WHAT COUNTRY				
13a. FATHER'S NAME Michael Mayden				13b. MOTHER'S MAIDEN NAME Mary Maystack				14. NAME OF HUSBAND OR WIFE Oscar Cotta deceased						
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.				17. INFORMANT Address Mrs. Betty Arnold 160 Neal Ave New York						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:										INTERVAL BETWEEN ONSET AND DEATH				
IMMEDIATE CAUSE (a) cardiac arrest														
DUE TO (b) pulmonary embolism														
DUE TO (c) 465X														
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) diabetes mellitus										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown				
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)										
20c. TIME OF INJURY Hour a.m. p.m. 		Month, Day, Year												
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE						
21. I attended the deceased from 7-11-63 to 8-6-63 and last saw her/him alive on 8-6-63 Death occurred at 4:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.														
22a. SIGNATURE <i>Arthur J. Donnelly</i> (Degree or title)				22b. ADDRESS 1515 LAFAYETTE AVE.				22c. DATE SIGNED 8-6-63						
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/10/63		23c. NAME OF CEMETERY OR CREMATORY St. Paul's Churchyard		23d. LOCATION (City, town, or county) St. Louis County Missouri		(State)						
24. FUNERAL DIRECTOR ADDRESS Arthur J. Donnelly 3840 Lindell Blvd				25. DATE RECD. BY LOCAL REG. AUG 8 1963		26. REGISTRAR'S SIGNATURE <i>Roal Smith, M.D.</i>								

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 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DATE AMENDED
 SHOULD READ
 BY AFFIDAVIT OF
 MEDICAL CERTIFICATION
 DOCUMENT
 USE BLACK INK OR TYPEWRITER RIBBON
 STEIN

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 Donald Williamson

Licensed Embalmer No. 3565

P. O. Address 3840 Lindell

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.