PR 17 1939 REC'D MAY 11 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

16224
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis 2 Registration District No. 784
(b) Township St. Ferdinand 1 Primary Registration District No. 200 Registered No. 688
(c) City ~~St. Louis, Missouri~~ (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Sister Mary Zachary Cosgriff 236 261
(a) Residence, No. Riverview Drive R. 3 St. [illegible]
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20, 1856
7. AGE YEARS 82 MONTHS 9 DAYS 25 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Religious
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Templemore, Ireland 5

FATHER
13. NAME Patrick Cosgriff
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5

MOTHER
15. MAIDEN NAME Johanna Mullaly 5
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Sister Mary Ludwiga
18. BURIAL, CREMATION, OR REMOVAL
PLACE Villa Gesu Cemetery DATE April 17, 1939
19. FUNERAL DIRECTOR (ADDRESS) Fendler Und. 6 7420 Michigan Ave.
20. FILED APR 17 1939 19 [illegible] Meyer M.D. Dr. P.H. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15th, 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan 15th 1936, to April 14th, 1939
I last saw her alive on April 14th, 1939. Death is said to have occurred on the date stated above, at 6 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Lemon Lage	4-14-39
82a	
Other contributory causes of importance:	
Arteriosclerosis	?
Hypertension	

Name of operation none Date of
What test confirmed diagnosis? 8/am Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) [illegible], M. D.
(Address) 5388 N. Union Blvd.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Harry J. Schumacher, Licensed Embalmer No. .....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Oliver E. Pendler

..... L. E. .....

No. ..... or by ....., Registered Apprentice No. 186

working under my personal supervision.

Signed Harry J. Schumacher

Licensed Embalmer No. 2679 —

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)