

No. 2
13-40
17-39
X23159

STANDARD CERTIFICATE OF DEATH

36225

State File No. _____

Registration District No. 157

Primary Registration District No. 3026

Registrar's No. 180

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

1. PLACE OF DEATH: St. Charles
 (a) County St. Charles
 (b) City or town St. Charles
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 727 Jefferson 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 months (Specify whether years, months or days)
 In this community 3 months

3. (a) PRINT FULL NAME Ellen Cosgrove
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color W. 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Peter Cosgrove 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased Mar. 17 1863
 (Month) (Day) (Year)

8. AGE: Years 77 Months 7 Days 2 If less than one day hr. _____ min. _____

9. Birthplace Ireland
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

12. Name Unknown

13. Birthplace Ireland
 (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Ireland
 (City, town, or county) (State or foreign country)

16. (a) Informant George Gould

(b) Address 727 Jefferson

17. (a) Burial (b) Date thereof 10-21-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary St. Louis Mo

18. (a) Signature of funeral director Wesley H. Hines
 (b) Address 7228 S. Kingshighway

19. (a) 10-19-40 (b) Blanche H. Friesler
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County St. Charles
 (c) City or town St. Charles
 (If outside city or town limits, write "RURAL")
 (d) Street No. 727 Jefferson (If rural, give location)
 (e) If foreign born, how long in U. S. A. 50 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 19
 year 1940 hour 8 minute A.M.

21. I hereby certify that I attended the deceased from October 10, 1940, to October 19, 1940;
 that I last saw her alive on October 17, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death: myocardial disease Duration 3 wks

Due to generalized arteriosclerosis 10 yrs?

Due to _____

Other conditions HTN
 (include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy _____

PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place) _____ (e) Means of injury _____

23. Signature George E. Stutz (M. D. or other) MD
 Address St. Charles, Mo Date signed 10/19/40

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Reinhold Lohman*

Licensed Embalmer No. *3390*

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.