

7911

2098

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 47 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Leslie Grant Cosgrove

3. (b) If veteran, name war World War 3. (c) Social Security No. 526-03-8252

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clara 6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased Nov. 6 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>3</u>	<u>28</u>hr.min.

9. Birthplace Pikes Co. / Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

12. Name James Cosgrove
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Emma Pules
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant William Halwe
(b) Address 7573 Hiawatha

17. (a) Burial (b) Date thereof 3/6/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) MAR 5 1941 (b) J. H. Budick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 00019
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4318 Maryland
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4
year 1941 hour 4:49 minute A M.

21. I hereby certify that I attended the deceased from January 17 1941 to March 4 1941;
that I last saw him alive on March 4 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Interlobar embolism Duration
trauma - Toxic hepatitis
liver insufficiency
Due to probably result of lobar pneumonia
Due to 108
Other conditions (Include pregnancy within 3 months of death)

Major findings: Interlobar Embolism
Of operations trauma
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?

While at work? (Specify type of place) (c) Means of injury h

23. Signature FR Bradley (M. D. or other)
Address BARNES HOSPITAL Date signed

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

MOTHER FATHER

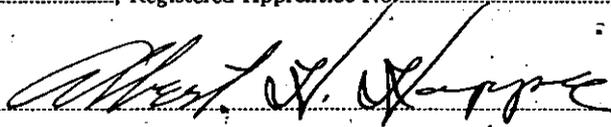
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No.

1861

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.