

2
4-41
7-39
X26390

DEC 22 1941 791
Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Mo. 1 Day
In this community 1 Mo. 1 Day
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Ida Cousins
3. (b) If veteran, name war No
3. (c) Social Security No. Unknown

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

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>8</u>	<u>28</u>hr.min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER { 12. Name Fernall
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Anna Morrison
(b) Address St. Louis City Hospital #1.

17. (a) Cremation (b) Date thereof 11-27-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation City Crematory

18. (a) Signature of funeral director W. S. White
(b) Address City Hospital #1

19. (a) NOV 26 1941 (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL.")
(d) Street No. 2610a So. Fourth St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 4,
year 1941 hour 10:15 minute A. M.

21. I hereby certify that I attended the deceased from October 3, 1941 to November 4, 1941;
that I last saw her alive on November 4, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Gen. paralytic insanity
CNS Les Duration 3 yrs

Due to Cystitis, acute 1 mo

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations _____
Of autopsy Same as above

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) (e) Means of injury 0

23. Signature L. V. Mulligan (M. D. or other) _____
Address 1515 Lafayette Avenue Date signed 11/4/41

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.....

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.