

No. 2
1-4-41
17-39
K26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **28635**
Registrar's No. **7853**

FILED OCT 1 1942
318

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Luke's Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **life** years, months or days)

3. (a) PRINT FULL NAME **Annie S. Cousland.**
3. (b) If veteran, name war **none** 3. (c) Social Security No. **NONE**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased **February 6 1855**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 7 15 hr. min.

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

10. Usual occupation **at home**

11. Industry or business _____

MOTHER FATHER { 12. Name **George Cousland**
13. Birthplace **Hattington Scotland**
(City, town, or county) (State or foreign country)
14. Maiden name **Hannah Daly**
15. Birthplace **Boston Mass.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Barbara Cousland**

(b) Address **5602 Enright Ave., St. Louis**

17. (a) **burial** (b) Date thereof **Sept. 22, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bellefontaine**

18. (a) Signature of funeral director **C.R. Lupton & Sons.**

(b) Address **7233 Delmar Blvd.**

19. (a) **SEP 21 1942** (b) **J. F. Brudick**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **000 12- 65**
(c) City or town **5602 Enright Ave.**
(If outside city or town limits, write "RURAL")
(d) Street No. **St. Louis**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **0**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **20th**
year **1942** hour **6** minute **55 P. M.**

21. I hereby certify that I attended the deceased from **October**
19 **40** to **September 19** 19 **42**
that I last saw her alive on **Sept. 19** 19 **42**
and that death occurred on the date and hour stated above

Immediate cause of death **Uremic poisoning** Duration **several**
months

Due to **Cerebral hyperostosis** **2 yrs.**

Due to **Cholelithiasis - cholelithiasis**

Other conditions **unintentional fracture of**
(Include pregnancy within 3 months preceding) **left thigh**

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) **Accident**

(b) Date of occurrence **July 29 - 1940**

(c) Where did injury occur? **St. Louis Mo**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home in house
(Specify type of place) (e) Means of injury **fall**

While at work? _____

23. Signature **Frances P. Ritchie** (M. D. or other)
Address **5233 Westman Ave.** Date signed **9-20-42**

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

Dr. Frances R. Ratchle.
5233 Waterman
FO-5071

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City - Mo

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.