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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 12 1943

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

22872

State File No.

Registration District No. 818 Primary Registration District No. Registrar's No. 6957

1. PLACE OF DEATH:
(a) County
(b) City or town Saint Louis (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Memorial Home, 2609 S. Grand Blvd. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 years (Specify whether years, months or days) In this community Unknown

2. USUAL RESIDENCE OF DECEASED: 1003
(a) State Missouri (b) County 000
(c) City or town Saint Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 2609 S. Grand Blvd. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Cogan
3. (b) If veteran, name war --
3. (c) Social Security No. --
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Jessie Cogan
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased March 20, 1853 (Month) (Day) (Year)
8. AGE: Years 90 Months 4 Days 11 If less than one day hr. min.
9. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER 12. Name Unknown
FATHER 13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER 14. Maiden name Unknown
MOTHER 15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mrs. S. Shaw,
(b) Address 2609 S. Grand Blvd.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 2, 1943. (Month) (Day) (Year)
(c) Place: burial or cremation St. Mathews Cemetery
18. (a) Signature of funeral director Craig Mortuary
(b) Address 4468 Washington
19. (a) AUG 5 1943 (Date received by local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1943 hour 10 minute 15 A.M.
21. I hereby certify that I attended the deceased from Feb 19 43 to July 19 43; that I last saw her alive on July 5th 19 43; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Chronic myocardit arterial sclerosis | |
| Due to Senility | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations no
Of autopsy no

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) no
(b) Date of occurrence no
(c) Where did injury occur? no (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? no (Specify type of place)
While at work? no (e) Means of injury
23. Signature Henry L. Nyce (M. D. or other) M.D.
Address 508 N. Grand Blvd. Date signed 7/31/43

(Licensed Embalmer's Statement on Reverse Side)

## 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 Philip McLeroy

Licensed Embalmer No. 3281

P. O. Address 4468 Washington

**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.**