No. 300
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3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 30 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34029

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9017

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: Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 6532 Clayton Ave 0
(If rural, give location)

(e) Citizen of foreign country? 4 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MARY LANE COSGROVE

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Late Robert E. Cosgrove

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. (Month) 14 (Day) 1872 (Year)

8. AGE: Years 76 Months 8 Days 2 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name John Lane
13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Margaret Barrett
15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Laurentia M. Cosgrove
(b) Address 6532 Clayton Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/19/48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Und.
(b) Address 4228 So. Kingshighway Blvd.

19. (a) OCT 18 1948 (Date received local registrar) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 16
year 1948 hour 7:30 minute P.M.

21. I hereby certify that I attended the deceased from Sept 1, 1948 to Oct 16, 1948
that I last saw her alive on Oct 13, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature M. E. Skett (M. D. or other)
Address 4329 Menchal Date signed 10/18/48

(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 Richard W. Storzsan

Licensed Embalmer No. 4007

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.