

FILED FEB 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7005**
Registrar's No. **435**

V. S. No. 300
REV. 10-48

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3069**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR RICHMOND HEIGHTS township TOWN Clayton		c. CITY (If outside corporate limits, write RURAL and give township) OR VanBuren, Missouri TOWN _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Mary's Hospital		c. LENGTH OF STAY (in this place) 1 wk	
		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Jogie b. (Middle) _____ c. (Last) Cosgrove			4. DATE OF DEATH (Month) (Day) (Year) Feb. 15, 1950		
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house work		10b. KIND OF BUSINESS OR INDUSTRY at home		8. DATE OF BIRTH April 15, 1885	
				9. AGE (In years last birthday) Months Days 64	
				11. BIRTHPLACE (State or foreign country) Missouri	
				12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Joseph Collins		13b. MOTHER'S MAIDEN NAME Nancy Lett		14. NAME OF HUSBAND OR WIFE Benton Cosgrove	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wyoma Chouquette, Affton, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 9 days	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arterio-sclerosis heart disease		?	
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4200	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **2/7**, 19**50**, to **2/15**, 19**50**, that I last saw the deceased alive on **2/15**, 19**50**, and that death occurred at **11:15 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE Thomas C. Partridge MD		23b. ADDRESS 4660 Maryland		23c. DATE SIGNED 2/16/50	
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/18/50		24c. NAME OF CEMETERY OR CREMATORY Mount Hope Cemetery	
				24d. LOCATION (City, town, or county) (State) Lemay, 23, Mo.	

DATE REC'D BY LOCAL REG. FEB 17 1950		REGISTRAR'S SIGNATURE Herbert A. ...		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Fendler Und. Co., 7420 Michigan Ave.	
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4005

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

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Wm. S. Szymanski

Licensed Embalmer No. 4343 -

P. O. Address 1716 7th

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.