

STANDARD CERTIFICATE OF DEATH

41867
STATE FILE NUMBER
10719
Registrar's No.

FILED NOV 19 1957

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Res. 5611 Bartmer</u>		d. STREET ADDRESS (If outside, give location) <u>5611 Bartmer</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>George (NMN) Cousins</u>		4. DATE OF DEATH Month Day Year <u>Nov. 10, 1957</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept. 3, 1873</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		11. BIRTHPLACE (City and state or country) <u>Kansas City, Missouri</u>	
13a. FATHER'S NAME <u>George Cousins</u>		14. NAME OF HUSBAND OR WIFE <u>Agnes Cousins</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No None</u>		17. INFORMANT Address <u>Mr. Louis Trowbridge 543 Warren Ave. (50)</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH CAUSED BY: IMMEDIATE CAUSE (a) <u>prostatic hypertrophy-acute, obstruction</u> <u>renal insufficiency and nephritis</u> DUE TO (b) <u>Renal insufficiency - and nephritis</u> DUE TO (c) <u>610x</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> <u>6 yrs +</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). <u>Arteriosclerosis general and A.S. heart disease, irreducible inguinal hernia</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>12-1-51</u> to <u>11-10-57</u> and last saw her alive on <u>11-5-57</u> Death occurred at <u>4:30 A.M.</u> <u>4:30 A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Fred W. Clark, Fred W. Clark M.D.</u>		22b. ADDRESS <u>564 Hamilton Blvd St. Louis Mo</u>	
22c. DATE SIGNED <u>11-10-57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Nov. 12, 1957</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Bellefontaine Cemetery</u>		23d. LOCATION (City, town, or county) <u>St. Louis, MO (State)</u>	
24. FUNERAL DIRECTOR ADDRESS <u>G Alexander & Sons 16175 Delmar</u>		25. DATE RECD. BY LOCAL REG. <u>NOV 12 '57</u>	
26. REGISTRAR'S SIGNATURE <u>J. Carl Smith, MO</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

INBI

EMBALMER, REGISTERED

protection by electronic-voice observation

and signed and verified by the

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
Signature of Student Embalmer

Signed jos. E. McCulloch

Licensed Embalmer No. 2469
P. O. Address 6175 Delma

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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