

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-007108  
State File No.

FILED FEB 28 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1576

1. PLACE OF DEATH a. COUNTY <u>St. Louis Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME 3651 Wilmington</u>		d. STREET ADDRESS (If rural, give location) <u>3651 Wilmington Av</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u> b. (Middle) <u>=</u> c. (Last) <u>COSGROVE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 5 1958</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MAR. 27-1871</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>9</u>	IF UNDER 100 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RAILROAD - ROTC</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>BRIDGE CONST.</u>	11. BIRTHPLACE (State or foreign country) <u>TAYLORVILLE ILL.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			

13a. FATHER'S NAME <u>JAMES COSGROVE</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZABETH CHAMBERLAIN</u>	14. NAME OF HUSBAND OR WIFE <u>MAUDE COSGROVE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE (RR?)</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MR. LORON PIERCE</u>	ADDRESS <u>3651 Wilmington</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio-sclerotic Heart Disease</u>		<u>5 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Nephritis</u> DUE TO (c) <u>420.0</u>		<u>3 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile changes -</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from January 19 52 to February 5 1958, that I last saw the deceased alive on January 30, 1958, and that death occurred at 7 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph Davis, M.D.</u>	(Degree or title)	23b. ADDRESS <u>No 6 Frisco Bldg 906 Olive St St. Louis, Mo.</u>	23c. DATE SIGNED <u>Feb 6th 1958</u>
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24a. DATE REC'D BY LOCAL REG. <u>FEB 11 58</u>	24b. DATE <u>FEB 5 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>LOUISIANA Missouri</u>
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REGISTRAR'S SIGNATURE <u>Charles Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>George O. Wagner</u>	ADDRESS <u>St. Louis Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

**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

*George O. Wagner*

Licensed Embalmer No. *3775*

P. O. Address *Louisiana, 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.