

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022792

STATE FILE NUMBER 24705
Registrar's No.

FILED JUN 19 1959 Registration District No. Primary Registration District No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Ann's 4140 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hospital		Length of stay in 12-days	d. STREET ADDRESS (If outside, give location) 3152 Ashby Road Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Walter Middle J. Last Cousins			4. DATE OF DEATH Month May Day 12 Year 1959
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED <input checked="" type="checkbox"/> NEVER-MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 17, 1902
9. AGE (In years last birthday) 56		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney, American Casualty Inst. Co.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Brooklyn, N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Walter Cousins	13b. MOTHER'S MAIDEN NAME Mary MacAuley
14. NAME OF HUSBAND OR WIFE Mrs. Florence E. Cousins		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. 083-03-3644
17. INFORMANT Mrs. Florence Cousins		Address 3152 Ashby Road, St. Ann's	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hypertensive Cardiovascular renal disease. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 442X			INTERVAL BETWEEN ONSET AND DEATH 1 mo. 5-10 yrs
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 WORK <input type="checkbox"/> 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 May 1 - 1959 to May 12 - 1959 and last saw her alive on May 12, 1959 Death occurred at 11:30 PM 5-12-59 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE A. Beasley, M.D. (Degree or title)		22b. ADDRESS #16 Starryton Village Plaza	22c. DATE SIGNED 5/12/59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE May 14, 1959	23c. NAME OF CEMETERY OR CREMATORY Fort Lauderdale Memorial	23d. LOCATION (City, town, or county) (State) Broward County, Florida.
24. FUNERAL DIRECTOR Arthur J. Donnelly ADDRESS 2840 Lindell Blvd.		25. REC'D. BY LOCAL REG. Park MAY 14 '59	26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

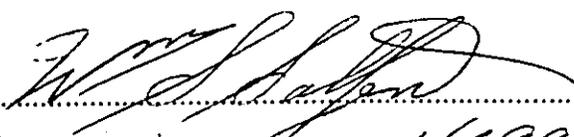
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 
Licensed Embalmer No. 4699
P. O. Address 3840 Lendale

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.