SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-006405
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1193

AMENDED

FILED VS FEB 20 1961

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri
Length of stay in 1b: 3 days.
c. CITY OR TOWN Edwardsville
Inside Limits: Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cardinal Glennon Memorial
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1409 N. Second St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Rickie Middle: Buck Last: Cosgrove

4. DATE OF DEATH Month: February Day: 5 Year: 1961

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5-19-60
9. AGE (last birthday)
IF UNDER 1 YEAR: Months 8 Days 17
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Alton, Illinois.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: William Cosgrove
13b. MOTHER'S MAIDEN NAME: Wanda Buck
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): Nil
16. SOCIAL SECURITY NO.: None
17. INFORMANT: William Cosgrove, Edwardsville, Illinois. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Anoxia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Acute Laryngeal Tracheo Bronchitis
DUE TO (c) Pneumonia - Allergic asthma
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
241X

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 2-2-61, to 2-5-61 and last saw her/him alive on 2-5-61
Death occurred at 9 37 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James L. Donohoe, M.D. (Degree or title)
22b. ADDRESS 950 Francis Place
22c. DATE SIGNED 2-5-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 2/7/61
23c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery
23d. LOCATION (City, town, or county) (State): Edwardsville, Illinois.

24. FUNERAL DIRECTOR: Albert H. Hoppe Inc., ADDRESS: 4700 Washington, Blvd.
25. DATE RECD. BY LOCAL REG.: FEB 6 1961
26. REGISTRAR'S SIGNATURE: Pearl Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS:

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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_____ Signed Harvey Kable

Signature of Student Embalmer

Licensed Embalmer No. 4596

P. O. Address St Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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