

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County _____

Township _____

Village _____

City St Louis

Registration District No. 791

Primary Registration District No. 1003

(NO. 2022 S. 12th St. 9 Ward)

File No. 3379

Registered No. 1000

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Frank Cosgrove

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE MARRIED Married WIDOWED OR DIVORCED (If file the word)

DATE OF DEATH Jan 26, 1914
(Month) (Day) (Year)

DATE OF BIRTH June 18, 1889
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept, 1913, to Jan 26, 1914, that I last saw him alive on Jan 25, 1914, and that death occurred, on the date stated above, at 57 m.

AGE 23 yrs. 7 mos. 8 ds. If LESS than 1 day, ___ hrs. or ___ min.?

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
23A
(Duration) 2 yrs. ___ mos. ___ ds.

OCCUPATION (a) Trade, profession, or particular kind of work Electrician
(b) General nature of industry, business, or establishment in which employed (or employer) Liverman.

Contributory 2 (SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.

BIRTHPLACE (City or town, State or foreign country) Illinois

NAME OF FATHER Thomas Cosgrove

(Signed) James H Davis M. D.
Jan 17, 1914 (Address) 2102 S 11

BIRTHPLACE OF FATHER (City or town, State or foreign country) St Louis

MAIDEN NAME OF MOTHER Nora Chancy

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ill

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Nora Laupp

Where was disease contracted If not at place of death?
Former or usual residence _____

(ADDRESS) 2022 S 12th

PLACE OF BURIAL OR REMOVAL No. Crematory DATE OF BURIAL 1-29, 1914

Filed JAN 23 1914 Max Starkoff REGISTRAR

UNDERTAKER W Schumacher ADDRESS 2002 S 12.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

