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

Do not use this space.

B 4 D

4879 -

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 4348A Swan Av. St. ..... Ward)

File No. .....

Registered No. 1576

2. FULL NAME Margaret Cozzens

(a) Residence. No. 4348A Swan Av. St., 18 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 33 yrs. 8 mos. 9 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

3

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Thomas Cozzens

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 21, 1895

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
33	7	9	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House work

(b) General nature of industry, business, or establishment in which employed (or employer): At Home

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo

PARENTS

10. NAME OF FATHER: Michael Braun

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

12. MAIDEN NAME OF MOTHER: Anna Back

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo

14. INFORMANT: Mrs. Anna Braun
(Address) 1008 Tower Grove Av.

15. FILED FEB -2 1929, 19 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 30, 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1929, to Jan 30, 1929, that I last saw her alive on Jan 29, 1929, and that death occurred, on the date stated above, at 8:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis - Acute

11B

93A

109B (duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY) La Grippe - Acidosis

non Diabetic (duration) ..... yrs. ..... mos. 10 ds.

113

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) W Antonio Hall, M. D

Jan 31, 1929 (Address) 1625 Town Grove Av

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Calvary Cemetery

DATE OF BURIAL: 2-4-1929

20. UNDERTAKER: Kriegshauser U. Co.

ADDRESS: 4104 Manchester Av

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD

23 45

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