

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

Do not use this space.

8946

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis

Registration District No. 791  
1003  
Primary Registration District No.....  
(No. 3857<sup>a</sup> Evans Ward)

File No.....  
Registered No. 2644  
St. .... Ward)

**2. FULL NAME** Mrs Mary Cougot

(a) Residence. No. 3857<sup>a</sup> Evans St. 11 Ward.

(If nonresident, give city or town and State)

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

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emile A Cougot

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9/25/1860

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>68</u>	<u>5</u>	<u>1</u>	

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. Home  
(b) General nature of industry, business, or establishment in which employed (or employer). House  
(c) Name of employer

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

10. NAME OF FATHER Don't Know Dooley

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

12. MAIDEN NAME OF MOTHER Don't Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ireland  
(STATE OR COUNTRY)

14. INFORMANT Emile A Cougot  
(Address) 3857<sup>a</sup> Evans

15. FILED 19 Mar C Standley REGISTRAR

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 26 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb 26, 1929, to Feb 26, 1929 that I last saw her alive on Feb 26, 1929, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Angina Pectoris  
94A  
77 (duration) 6 yrs. 6 mos. 0 ds.  
CONTRIBUTORY arteriosclerosis  
(SECONDARY) (duration) 3 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? No DATE OF —  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Cholesterol  
(Signed) S. J. Benson, M. D.

Feb 27, 19 29 (Address) 4702 Euston 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 March 1st 1929

20. UNDERTAKER Provoost U. Co ADDRESS 3710 N. Grand

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

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PARENTS

