WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MAR 24 1934

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

Do not use this space.

791

7064

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 1941

City St Louis (No. Desloge Hospital St. ..... Ward)

2. FULL NAME Johanna Cosgrove

(a) Residence, No. 3685 Laclede c St., 19 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: James Cosgrove

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 7th 1852

7. AGE: YEARS 81 | MONTHS 9 | DAYS 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

FATHER

13. NAME: John Hurlily
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER

15. MAIDEN NAME: Johanna Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): James F. Paddess 3685 Laclede c

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Feb 26th 1934

19. UNDERTAKER (ADDRESS): Arthur J Donnelly U Co 3840 Lindell Bl

20. FILED FEB 21 1934 19 J. S. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2-22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19th, 1934, to Feb. 22nd, 1934
I last saw her alive on 2/22/34 9:45 pm, 1934. Death is said to have occurred on the date stated above, at 10:15 p.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

468 12 9 48

Carcinoma of Stomach.
Cardiac Failure

Other contributory causes of importance:
Hypertrophy Heart.
Peritonitis.

Name of operation ..... Date of 2/22/34
What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
.....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Leo F. Piero Hi M. D.
(Address) Firmin Desloge Hosp.