

JUL 12 1939

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

20636  
Do not use this space.

791  
1008

Registered No. 5480

1. PLACE OF DEATH

(a) County..... Registration District No. 1  
(b) Township..... Primary Registration District No.  
(c) City St. Louis, Mo. (d) Street No. City Summary St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Laura Cozad.

(a) Residence, No. 5800 Arsenal St. St. 13 (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 25, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
65 8 24

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife.  
9. Industry or business in which work was done, as 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) Murphysboro,  
(STATE OR COUNTRY) Illinois.

FATHER 13. NAME Theodore Quills.

14. BIRTHPLACE (CITY OR TOWN) Unknown.  
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Margaret Jarrett.

16. BIRTHPLACE (CITY OR TOWN) Unknown.  
(STATE OR COUNTRY)

17. INFORMANT E. Molony,  
(ADDRESS) 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE awa DATE 6/21/39

19. FUNERAL DIRECTOR (NAME) Brook & Carver  
(ADDRESS) 4600 North

20. FILED JUN 20 1939  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19, 1939

22. I HEREBY CERTIFY, That I attended <sup>71</sup> deceased from September 24, 1938 to June 19, 1939

First saw her alive on June 19, 1939 Death is said to have occurred on the date stated above, at 12:40 A.M.

The principal cause of death and related causes of importance were as follows:

Uremia  
Hypertension  
Date of onset

Other contributory causes of importance:  
Cardio-Renal-Vascular  
Disease  
Old Left Hemiplegia

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

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) R. Potashnick M. D.  
(Address) 5600 Arsenal St.

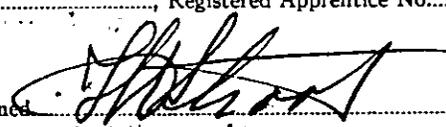
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed



Licensed Embalmer No. 2265

P. O. Address.....

**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 this body is not embalmed, above space should be left blank.**