

FILLED NOV 24 1941

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **7881**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Homer G. Phillips Hospital 0**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 hrs.**
(Specify whether
In this community **16 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town: **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **2814a Chouteau Ave.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)

3. (a) PRINT FULL NAME **Alice Cozart**

(b) If veteran, name war **---** (c) Social Security No. **---**

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Widow 2**

6. (b) Name of husband or wife **Fred Cozart** 6. (c) Age of husband or wife if alive **---** years

7. Birth date of deceased **Sept. 3rd. 1903**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
38 0 26 hr. min.

9. Birthplace **Aberdeen Mississippi**
(City, town, or county) (State or foreign country)

10. Usual occupation **Seamstress W.P.A.**

11. Industry or business **W.P.A. Project**

12. Name **Anthony Dunlap**

13. Birthplace **Pickens Alabama**
(City, town, or county) (State or foreign country)

14. Maiden name **Judy Griffin**

15. Birthplace **Aberdeen Mississippi**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ernie Dunlap**

(b) Address **2814a Chouteau Ave.**

17. (a) **Burial** (b) Date thereof **10-4-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park Cem.**

18. (a) Signature of funeral director **Chas. J. Guter**

(b) Address **4107 Finney Ave.**

19. (a) **OCT 2 1941** (b) **J. J. Bredbeck**
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **29th.**
year **1941** hour **4:40** minute **p.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h. _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death. _____

Due to **Pericardial Aneurysm**
Curbed by Liver

Other conditions **174**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **Walter J. Perry** (M. D. or other)

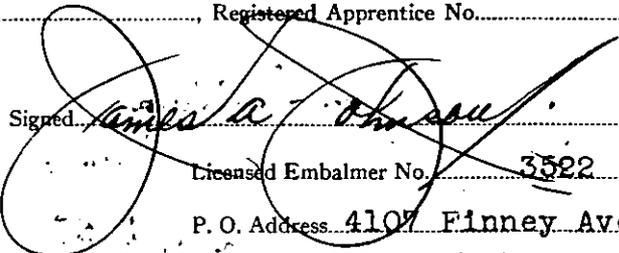
Address **1309 E. 12th St. St. Louis, Mo.** Date signed **10-2-41**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....**James A. Johnson**....., Registered Apprentice No.....
working under my personal supervision.

Signed .....
Licensed Embalmer No. 3522
P. O. Address 4107 Finney Ave.

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, fact should be so stated above.