S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31842

State File No.

FILED OCT 28 1942 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 8571

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:
5055 Wells Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 65 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 12

(c) City or town St. Louis. 6 6
(If outside city or town limits, write "RURAL")

(d) Street No. 5055 Wells Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Julia Cosgrove.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F. /

5. Color or race W

6. (a) Single, widowed, married, / divorced Married

6. (b) Name of husband or wife Lawrence Cosgrove.

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased January (Month) 15, (Day) 1868 (Year)

8. AGE:

Years	Months	Days	If less than one day
74	8	29	hr. min.

9. Birthplace Ireland. (City, town, or county) 4 (State or foreign country)

10. Usual occupation At Home.

11. Industry or business

FATHER
12. Name James Laughlin.
13. Birthplace Ireland. (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Honara Bane
15. Birthplace Ireland. (City, town, or county) 4 (State or foreign country)

16. (a) Informant Mr. Lawrence Cosgrove.
(b) Address 5055 Wells Ave.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof 10-16-42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J Donnelly
(b) Address 3840 Lindell Blvd

19. (a) OCT 15 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14
year 1942 hour 2 minute 25 A.M.

21. I hereby certify that I attended the deceased from March 1, 1942 to Oct 14, 1942
that I last saw her alive on Oct. 13, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Rt. Eyelid and face

Due to —

Due to — 53

Other conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations no.

Of autopsy —

Duration

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?
— (Specify type of place)

While at work? — (e) Means of injury

23. Signature Wm. [illegible] Langan, Jr. (M. D. or other)

Address 5803 [illegible] Date signed Oct 14/42

(Licensed Embalmer's Statement on Reverse Side)

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.