

JUL 24 1943 318

1003

Registrar's No. 6297

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town Saint Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1112 North Channing Avenue
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

3. (a) PRINT FULL NAME LUCY COSBY

3. (b) If veteran, name war. --- 3. (c) Social Security No. None

4. Sex Female 5. Color or race 3 Negro 6. (g) Single, widowed, married, divorced, 3 Divorced
Widowed

6. (b) Name of husband or wife James Alexander 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 1, 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 3 7 -- hr. -- min.

9. Birthplace Wentzville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ---

MOTHER FATHER { 12. Name Robert Cosby
 { 13. Birthplace Unavailable Kentucky
(City, town, or county) (State or foreign country)
 { 14. Maiden name Mary Unknown
 { 15. Birthplace Unavailable
(City, town, or county) (State or foreign country)

16. (a) Informant Willena Whitley

(b) Address 1112 North Channing Avenue

17. (a) Burial (b) Date thereof 7/13/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wentzville, Missouri

18. (a) Signature of funeral director Charles J. Gates

(b) Address 4107 Finney Avenue

19. (a) JUL 24 1943 (b) J. J. Bedeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town Saint Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1112 North Channing Avenue
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8th
 year 1943 hour 9: minute 25 A. M.

21. I hereby certify that I attended the deceased from May 15, 1943 to July 8, 1943
 that I last saw her alive on July 8, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 1 Yr.

Due to Senility

Due to _____

Other conditions 93
(Include pregnancy within 5 months of death)

Major findings: Of operations None PHYSICIAN _____

Of autopsy None 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) (2) Means of injury _____

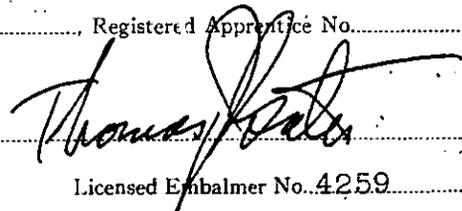
23. Signature J. J. Bedeck (M. D. or other) _____
 Address 1048a N. Vandevanter Date signed 7/12/43

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.....
..... Thomas J. Gates....., Registered Apprentice No.....
working under my personal supervision.

Signed.....



Licensed Embalmer No. 4259.....

P. O. Address 4107 Finney Avenue.....

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.