

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: Missouri Baptist Hospital  
(d) Length of stay: 4 days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Carter  
(c) City or town Poble  
(d) Street No. rural  
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME: Rock Aldo Cossett  
(b) If veteran, name war: no  
(c) Social Security No.: none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month February 7th  
year 1944 hour 9 minute 0 M.  
21. I hereby certify that I attended the deceased from Feb 4  
1944, to Feb 7 1944  
that I last saw him alive on Feb 6 '44  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widower  
6. (c) Age of husband or wife if alive years

Immediate cause of death:  
Myocarditis Chronic  
Nephritis Chronic  
Prostatic hypertrophy  
Unspecified Nephritis  
Duration: 1 yr. 6 mo. 6 mos.  
Other conditions: 92  
(Include pregnancy within 3 months of death)

7. Birth date of deceased: Dec 27 1873  
(Month) (Day) (Year)

Due to: Unspecified Nephritis  
Due to:  
Major findings:  
Of operations:  
Of autopsy:

8. AGE: Years 70 Month 8 Days 10  
9. Birthplace: Missouri  
10. Usual occupation: Farmer  
11. Industry or business: Unknown

MOTHER FATHER  
12. Name: Unknown  
13. Birthplace: Missouri  
14. Maiden name: Unknown  
15. Birthplace: Missouri  
16. (a) Informant: Melvin Weiser  
(b) Address: 2722a Selena Street  
17. (a) Burial, cremation, or removal: Burial (b) Date thereof: 2-9-1944  
(c) Place: burial or cremation: Poble Missouri  
18. (a) Signature of funeral director: Howard F. Rowland  
(b) Address: 4355 Washington Blvd.  
19. (a) FEB 7 1944 (b) J. T. Bredeek

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
23. Signature: C. P. Kingard  
Address: 958 Arcade Aldo Date signed: 2-7-44

AUG 9 1944

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**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 Howard M. Rowland

Licensed Embalmer No. 3114

P. O. Address St Louis, Mo.

**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.**