

S. No. 2
A-12-45
7-5-17-39
I X47070

FILED DEC 2 1946

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9949**

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

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
MO. PACIFIC
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 WEEK
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County ST. CLAIR ⁹⁹⁹

(c) City or town E. ST. LOUIS
(If outside city or town limits, write "RURAL") ^{NR. 1}

(d) Street No. 1229 GATY
(If rural, give location) ²

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM GLENN COSGROVE

3. (b) If veteran, name war WORLD WAR I

3. (c) Social Security No. 70218-7471

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20
year 1946 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from NOV. 14, 1946, to Nov. 20, 1946.
that I last saw him alive on Nov. 20, 1946; and that death occurred on the date and hour stated above.

4. Sex MALE

5. Color or race W

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife HAZEL WALTERS COSGROVE

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased NOV. 11 1895
(Month) (Day) (Year)

Immediate cause of death Heart Failure

Due to Coronary Occlusion

Due to _____

Other conditions (Include pregnancy within 3 months of death) 94

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day

51 0 9 hr. min.

9. Birthplace KEYSPORT ILL
(City, town, or county) (State or foreign country)

10. Usual occupation SWITCHMAN

11. Industry or business TERMINAL R.R.

12. Name WILLIAM COSGROVE

13. Birthplace KEYSPORT ILL
(City, town, or county) (State or foreign country)

14. Maiden name MARY ADELINE

15. Birthplace CARLYLE ILL
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Harrison

(b) Address 1229 Gaty Ave, East St. Louis, Ill

17. (a) BURIAL (b) Date thereof NOV. 23, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. HOPE CEM. BELLVILLE, ILL

18. (a) Signature of funeral director Walter Walsh Barnes

(b) Address 416 St. Louis Ave. East St. Louis, Ill

19. (a) NOV 21 1946 (b) J. F. Bradeak
(Date received local registrar) (Registrar's signature)

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 Vincent A. Sherrill (M. D. or _____)
Address Mo. Va. Hosp. Date signed 11-20-46

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.....

Not Embalmed.

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Phillip Oaden

Licensed Embalmer No.....

7091

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, fact should be so stated above.