

S. No. 2  
M-12.45  
v. 5-17-39  
X47070

**FILED NOV 25 1946**

Registration District No. **318** Primary Registration District No. **1003**

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

37324

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:  
4229 Cotebrillante ave  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Laura Cozart

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 5. Color or race Negro

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

6. (b) Name of husband or wife Henry Cozart

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

7. Birth date of deceased March 31st 1876  
(Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 25 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

12. Name Richard Taylor

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

14. Maiden name Unknown

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

16. (a) Informant Pauline Walker

(b) Address 4229 Cotebrillante ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/19/46  
(Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director C.W. Roberts

(b) Address 1416 No. Taylor ave

19. (a) NOV 18 1946 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0001

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

(d) Street No. 4229 Cotebrillante ave  
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15 year 1946 hour 9 minute 34 AM

21. I hereby certify that I attended the deceased from 11-11-46 to 11-15-46  
that I last saw her alive on 11-13-46 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer left Breast + Abdominal Metastasis

Due to 50

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

Major findings: Of operations

Of autopsy

Duration Unknown

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) Means of injury 0

23. Signature A. E. Smith (M. D. or number)

Address 11 N Jefferson St. Harris mo. Date signed 11-15-46

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverseside of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Fulton G Culkin  
Licensed Embalmer No. 7198  
P. O. Address Harris 13. Md

**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.**