No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35622

FILED NOV 3 1947

Registration District No. 1318 — Primary Registration District No. 1003 — Registrar's No. 9655

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: Enroute to City Hospital #1 3
(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)
In this community 20 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. unknown 90
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 28
If yes, name country

3. (a) PRINT FULL NAME WILLIAM THOMAS COZEAN
3. (b) If veteran, name war Nil
3. (c) Social Security No. ?
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Susannah
6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years About 76 years; Months; Days; If less than one day hr. min.
9. Birthplace (City, town, or county) 0 (State or foreign country) 9
10. Usual occupation N
11. Industry or business N
FATHER
12. Name N
13. Birthplace (City, town, or county) 0 (State or foreign country) 9
MOTHER
14. Maiden name N
15. Birthplace (City, town, or county) N (State or foreign country) 9
16. (a) Informant H. C. Cozean (son)
(b) Address 9023 Kathleen Avenue
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10-18-47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cemetery
18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Avenue
19. (a) OCT 17 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 16th year 1947 hour 3 minute 10 P. M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Sclerosis	
Due to: Arteriosclerosis	
Due to: 9 yrs	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 Patrick T. Taylor (M. D. or other) 3
Address Deputy Coroner Date signed 10-17-47

Jefferson City Printing Co.
(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.....C W Cooper.....

Licensed Embalmer No.....3830.....

P. O. Address.....2301 Lafayette Ave

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.