

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

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED AUG 23 1948  
Registration District No. 018

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 27617  
Registrar's No. 7134

Primary Registration District No.

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: City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Thomas A. Cozzoni

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Theresa Cozzoni 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Nov. 26, 1884  
(Month) (Day) (Year)

8. AGE: Years 63 Months 8 Days 17 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Molder

11. Industry or business \_\_\_\_\_

12. Name John Cozzoni  
13. Birthplace Italy  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Italy  
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas A. Cozzoni, Jr.  
(b) Address 7351 Virginia

17. (a) Burial (b) Date thereof 2/17/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers

18. (a) Signature of funeral director Fendler Und. Co.

(b) Address 7420 Michigan Ave.

19. (a) AUG 14 1948 (b) J. F. Biedek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7351 Virginia  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 12  
year 1948 hour 9:35 minute P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of Skull  
Subdural Hemorrhage of  
Brain when he was struck  
by an automobile driven  
by one Thomas Joseph  
Churgen in front of  
1017 Lemay Ferry Rd.  
Other conditions around 9:55 PM Aug  
8th 1948  
(Include pregnancy within 3 months of death)

Major findings: 170  
Of operations \_\_\_\_\_

Of autopsy NA

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) Accident  
(b) Date of occurrence Aug 8th 1948  
(c) Where did injury occur? St. Louis Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? Public Place  
(Specify type of place) (e) Means of injury Automobile

23. Signature J. O. Taylor  
Address 1300 Oak St. Date signed Aug 14 1948

*L*

0481

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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.....

*VE Manno*

Licensed Embalmer No.....

*3360*

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.**