

COSGROVE
FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42376
State File No. 10857
Registrar's No. 10857

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10857	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before administration.) a. STATE Mo. b. COUNTY _____			
b. CITY OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 6905 West Park Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6905 West Park				3. NAME OF DECEASED a. (First) Michael J. Cosgrove b. (Middle) _____ c. (Last) _____			
4. DATE OF DEATH 12-16-49		5. SEX M.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 6-26-1871		9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Safe Dep Messenger		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME Patrick Cosgrove		13b. MOTHER'S MAIDEN NAME Catherine Cullinane		14. NAME OF HUSBAND OR WIFE Elizabeth Cosgrove			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. 491-14-5201		17. INFORMANT'S SIGNATURE OR NAME Elizabeth Cosgrove ADDRESS 6905 West Park			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Several Arteriosclerosis DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 year 10 years	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) 97		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H201			
22. I hereby certify that I attended the deceased from Jan, 1947 , to Dec, 1949 , that I last saw the deceased alive on Dec 14, 1949 , and that death occurred at 10:00 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE Martin W. Davis M.D. (Degree or title)				23b. ADDRESS 539 N Grand		23c. DATE SIGNED 12/17/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-19-49		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE RECD BY LOCAL AGEN. DEC-17 1949		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly ADDRESS 3846 Grand Blvd			

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

*Dr. Martin's Service
Hennepin County*

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 _____

..... Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed *Thomas R. Teruik*

Licensed Embalmer No. *3793*

P. O. Address *3840 Lindell*

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.