S. No. 300
v. 10.48

FILED MAY 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17871

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3943

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Johns Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2119
d. STREET ADDRESS (If rural, give location): 4578 St. Ferdinand Ave.

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) c. (Last) Cosgrove

4. DATE OF DEATH (Month) (Day) (Year): April 26 1952

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 2 ~~1898~~ 1900
9. AGE (In years last birthday): 53 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Press Operator
10b. KIND OF BUSINESS OR INDUSTRY: Fixture
11. BIRTHPLACE (State or foreign country): Ireland
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Edmond Cosgrove
13b. MOTHER'S MAIDEN NAME: Catherine O'Connor
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 703-03-3572
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Delia Crowe ADDRESS: 4010 McPherson

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

It does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Oedema; Oedema of brain; Fx of 7th, 8th, 9th and 10th ribs, left side when he fell off ladder at his home on or about April 17, 1952 exact time unknown

DUE TO (b)

DUE TO (c)

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: see Accident
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): House
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St Louis Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Apr 17 52 ? m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? E9010

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:00 A m., from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title)
23b. ADDRESS: 1300 Clark Ave
23c. DATE SIGNED: 4/26/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/28/52
24c. NAME OF CEMETERY OR CREMATORY: Calvary
24d. LOCATION (City, town, or county) (State): St. Louis Mo.

DATE REC'D BY LOCAL REG.: APR 28 1952
REGISTRAR'S SIGNATURE: J. Carl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Sullivan's ADDRESS: 2849 N. Euclid Ave.

(Licensed Embalmer's Statement on Reverse Side)

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

803

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.....

.....,

working under my personal supervision.

Student Embalmer No. .....

Signed.....
Student Embalmer

Signed Robert L. Brinkman

Licensed Embalmer No. 3553

P. O. Address St Louis Mo

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of ..... } ss.
County of ..... }

State File No. 17871
Local Registrar's No. 3943

AFFIDAVIT FOR CORRECTION OF A RECORD

On this ..... day of ....., 194...., before me appears .....
....., who, upon ..... oath, states that the original record of birth/death for William Cosgrove, died 4-26-52, 19...., in the State of Missouri, and which was filed at ..... on ....., 19...., should be corrected as follows:

Item No. 8 should read Sept. 2 1900
Instead of Sept. 2- 1895
Item No. 9 should read Age 51
Instead of 56
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....
Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Pete Ney Sullivan Fun Dir
Relationship.

2849 N. Euclid
Present Address.

Subscribed and sworn to before me this 27 day of May, 1954

My Commission expires 3-4-53 Ella C. Pattock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

n V. S. 135
M—8-43
I X37817