

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25672

6882

FILED AUG 6 1952

BIRTH NO.		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>6882</b>	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis 0</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) TOWN <b>Normandy</b>		471	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Christian Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>7319 Burrwood</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Tess</b>		b. (Middle) <b>A.</b>		c. (Last) <b>Cosgrove</b>	
4. DATE OF DEATH		(Month)		(Day)		(Year)	
		<b>July</b>		<b>14</b>		<b>1952</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married 0</b>		8. DATE OF BIRTH <b>10/7/1892</b>	
9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Book-keeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Lossel Clothing Co.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Mo. 0</b>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <b>Anthony Cosgrove.</b>		13b. MOTHER'S MAIDEN NAME <b>Connors</b>		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. <b>494-09-9281</b>		17. INFORMANT'S SIGNATURE AND NAME <b>Agnes Cosgrove</b>		ADDRESS <b>7319 Burrwood</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Generalized carcinomatosis originating in right breast</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 <b>4 yrs.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>170x</b>			
22. I hereby certify that I attended the deceased from <b>8-13-49</b> , 19____, to <b>7-14</b> , 1952, that I last saw the deceased alive on <b>7-14-52</b> , 19____, and that death occurred at <b>9:10 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <i>H. Klein M.D.</i>				23b. ADDRESS <b>HARRY A. KLEIN, M.D. 5074 N. UNION BLVD.</b>		23c. DATE SIGNED <b>7-16-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>7/17/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>	
DATE REC'D BY LOCAL REG. <b>JUL 16 1952</b>		REGISTRAR'S SIGNATURE <i>J. C. Smith</i>		FUNERAL DIRECTOR'S SIGNATURE <i>W. A. Stewart</i>		ADDRESS <b>1225 Union</b>	

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

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 Clement McQuay

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.