

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30712**
8658

FILED OCT 7 - 1955

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis	c. LENGTH OF STAY (In this place) 10 yrs	c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Little Sisters of the Poor		e. STREET ADDRESS (If rural, give location) 3225 N. Florissant 22090	

3. NAME OF DECEASED (Type or Print) a. (First) Cora	b. (Middle)	c. (Last) Cosgrove	4. DATE OF DEATH (Month) (Day) (Year) Oct. 1, 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 31, 1872	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Genevieve Mo.		12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME Samuel Whiteside	13b. MOTHER'S MAIDEN NAME -- Dutton	14. NAME OF HUSBAND OR WIFE John J. (Decd)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS John R. Cosgrove 8345 Acorn

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH ???
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility Ch. Myocarditis		
	ANTECEDENT CAUSES DUE TO (b) None DUE TO (c) None		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death None			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION 42212	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	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) (Min.) None	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Sept 12, 1955**, to **Oct 1, 1955**, that I last saw the deceased alive on **Sept 30, 1955**, and that death occurred at **8:25 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Bernard J. Howe M.D.	23b. ADDRESS 2435 N. Garland	23c. DATE SIGNED 10-3-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Oct. 4, 1955	24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park
24d. LOCATION (City, town, or county) (State) Affton 23 Missouri		

DATE REC'D BY LOCAL REG. OCT 4 1955	REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. L. Ziegenhein & Sons 7027 Gravois
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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.....
Signature of Student Embalmer

Signed *Ronald E. Benz*

Licensed Embalmer No. *4803*

P. O. Address *7027*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.