

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

4880
Do not use this space.

REC'D MAR 14 1938

791
1003

Registered No. 1525

1. PLACE OF DEATH
 (a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City St. Louis Mo. (d) Street No. St Anthony Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth yrs. mos. ds.

2. PRINT FULL NAME Lorenz (Larry) Kossmann 255
 (a) Residence, No. 3858 A Missouri Ave. St. 24 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucille Kossmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan - 1902

7. AGE YEARS Abt. 36 MONTHS - DAYS - If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as Beer Driver.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis MO.

FATHER 13. NAME George Kossmann
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington MO.

MOTHER 15. MAIDEN NAME Sophia Fries
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis MO.

17. INFORMANT Lucille Kossmann
 (ADDRESS) 3858 A Missouri Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem. DATE Feb 14 38

19. FUNERAL DIRECTOR Thos. J. Bredeck
 (ADDRESS) 2906 Gravois Ave.

20. FILED FEB 12 1938 St. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 11 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1937, to Feb 11, 1938
 I last saw him alive on Feb 11, 1938. Death is said to have occurred on the date stated above, at 2 20 P.M.
 The principal cause of death and related causes of importance were as follows:
adenocarcinoma of caecum & sigmoid
metastases
 Date of onset 1938

Other contributory causes of importance: H.C.

Name of operation Biopsy on 1/4/38 Date of Dec 17 1938
 What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify (Signed) Wm J. Wolfman, M. D.
 (Address) 1040 Gurnet

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Thos. KUTIS, Licensed Embalmer No. 1619
hereby certify that the body recorded on the reverse side of this certificate was embalmed by THOS. KUTIS
L. E. 1619
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed: Thos Kutis
Licensed Embalmer No. 1619

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.)