

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.

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

38000  
Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 425  
(b) Township Mechanic Primary Registration District No. 5380  
(c) City..... (d) Street No..... 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 21 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 11-88

2. PRINT FULL NAME JOHN WENZEL KOSSINA

(a) Residence, No. .... St.  (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 Louise Lubber  
(OR) WIFE OF  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 31-1866  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 8 13  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as saw mill, bank, etc. Own Farm  
10. Date deceased last worked at this occupation (month and year) 7/25/38  
11. Total time (years) spent in this occupation. 21 years

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

FATHER 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Robert Raymond Kossina Dittmer Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Dittmer Mo DATE 10/17/38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. Brummel House Springs Mo

20. FILED 115 1938 James A. Forrester Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/14 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 6 1938, to Sept 13 1938  
I last saw him alive on Sept 13 1938. Death is said to have occurred on the date stated above, at 10:20 A.M.  
The principal cause of death and related causes of importance were as follows:

Chronic interstitial Nephritis  
Date of onset April 1928  
Other contributory causes of importance: Malaria one week duration

Name of operation..... Date of.....  
What test confirmed diagnosis? Urinal Was there an autopsy? no

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? no  
If so, specify.....  
(Signed) John F. Roesser, M. D.  
Dittmer Mo  
251 (Address)

80-11

**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, \_\_\_\_\_

*John H. Brunner*

or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed \_\_\_\_\_

*John H. Brunner*

Licensed Embalmer No. 1470

P. O. Address How Springs

**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, above space should be left blank.**

*80-11*