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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

FILED MAR 7 - 1940

STANDARD CERTIFICATE OF DEATH

State File No. 8207

Registration District No. 784

Primary Registration District No. 117

Registrar's No. 243

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
608 Sunnyside Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 43 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Webster Groves
(If outside city or town limits write "RURAL")

(d) Street No. 608 Sunnyside Avenue
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 55 years.

3. (a) PRINT FULL NAME Josephine Stepan 315

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3rd.
year 1940 hour _____ minute 5³⁰ P.M.

21. I hereby certify that I attended the deceased from May 1939
1939 to Feb 3rd. 1940
that I last saw him alive on Feb. 3rd. 1940
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife husband. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased March 19, 1832
(Month) (Day) (Year)

Immediate cause of death
Cerebral Hemorrhage Duration 2 days

8. AGE:	Years	Months	Days	If less than one day
	<u>107</u>	<u>10</u>	<u>14</u>	-----m.-----min.

Due to _____

Due to _____

Other conditions myocarditis
(Include pregnancy within 3 months of death)

9. Birthplace Roskerbourg, Austria
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____ at home

MOTHER FATHER { 12. Name Joseph Kossmeyer

13. Birthplace _____ Austria
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace _____ Austria
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant son - husband

(b) Address 806 Sunnyside, Webster Groves

17. (a) Burial (b) Date thereof Feb. 6, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New S.S. Peter Para Cemetery

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director H.C. W. Laughlin

(b) Address Webster Groves

19. (a) FEB 5 - 1940 (b) _____
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature C. J. Vallwan (M. D. or other) _____
Address 51 W. Big Bend, Webster Groves, Mo. Date signed 2/5/40

WRITE PLAINLY—USE 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

John Hetter

Licensed Embalmer No. *3880*

P. O. Address.....

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.