S. No. 2
1—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 5 1945

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 39528

Registrar's No. 10931

**1. PLACE OF DEATH:**

(a) County

(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Alexian Bros Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Life 0
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County 6a

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5633a So. Kingshighway 29
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Geo N Kossman

3. (b) If veteran, name war World War 1

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clara

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Oct (Month) 15 (Day) 1889 (Year)

8. AGE: Years 55 Months 2 Days 6 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Self

FATHER
12. Name Fred W Kossman
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Margaret Fehringer
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Clara Kossman
(b) Address 5633a So. Kingshighway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 (Month) 23 (Day) 44 (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director KRIEGSHAUSER
(b) Address 4228 So. Kingshighway

19. (a) DEC 22 1944 (Date received local registrar) (b) J. Friedel (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec day 21
year 1944 hour 6 minute P M.

21. I hereby certify that I attended the deceased from Dec 17, 1944, to Dec 21, 1944;
that I last saw him alive on Dec 21, 1944;
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Cerebral hemorrhage | 2 days |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy Cerebral hemorrhage

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

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

23. Signature H. Meinberg (M. D. ~~or other~~)
Address 325 Fresco Bldg Date signed 12/22/44

(Licensed Embalmer's Statement on Reverse Side)

Dr Underberg

Dec 5/04

**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 Edwin D. McDermott

Licensed Embalmer No. 3024

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, fact should be so stated above.**