S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 21 1945

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18928

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5219

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 618 Schiller Avenue.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

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

(d) Street No. 618 Schiller Ave.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Annie L. Kosman.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Gradus Kosman.

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased December 28, 1871.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	73	5	15	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name William Ilberry.
13. Birthplace (City, town, or county) England. (State or foreign country)

MOTHER
14. Maiden name Ruth Simmons.
15. Birthplace (City, town, or county) England. (State or foreign country)

16. (a) Informant Mr. Gradus Kosman.
(b) Address 618 Schiller Avenue.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-15-1945. (Month) (Day) (Year)
(c) Place: burial or cremation Friedens Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966-68 Easton Avenue.

19. (a) JUN 13 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 12
year 45 hour 1 minute 2 M.

21. I hereby certify that I attended the deceased from Jan 20, 1945, to June 11, 1945
that I last saw her alive on June 11, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cocus Cardiac Dilitation Sudden

Due to Arterial Sclerosis
Chronic Bronchitis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 [signature] (M. D. or other)

Address 8201 N Broadway Date signed 6/13/45

(Licensed Embalmer's Statement on Reverse Side)

Dr.Wm.A.Knight.
8201 N.Broadway.
10. A.M.
G.O. 5888

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 Kitten

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, fact should be so stated above.