

S. No. 2
DM-5-43
v. 5-17-39
X 36671

11333

DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 2502

FILED MAR 27 1946

Registration District No. 318 Primary Registration District No. 1003

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:
De Paul Hospital
(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:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5536 Holly Hills Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME John H. Kossmann,

3. (b) If veteran, name war No 3. (c) Social Security No. 493-20-5024

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

6. (b) Name of husband or wife Marie Schuler 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased. January 15 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 1 27 hr. min.

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

10. Usual occupation Building Contractor

11. Industry or business Himself

12. Name Alexander Kossmann

13. Birthplace Washington Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Anna Felke

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marie Kossmann,
(b) Address 5536 Holly Hills Ave.

17. (a) Burial (b) Date thereof 3- 15- 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul's Churchyard

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 3320 N. Kingshighway Blvd.

19. (a) MAR 14 1946 (b) J. F. Bredier
(Date received) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12
year 1946 hour 4 minute 0 P.M.

21. I hereby certify that I attended the deceased from 3/10, 1946 to 3/12/46.
that I last saw him alive on 3/12/46 and that death occurred on the date and hour stated above.

Immediate cause of death Brain Tumor
Due to _____
Due to _____
Other conditions: _____
(Include pregnancy within 8 months of death)

Duration 1 1/2?
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Major findings: Cystic Brain Tumors
Of operations _____
Of autopsy Autopsy Obtained

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? _____

While at work? _____ (Specify type of place)
(c) Means of injury Drunk
23. Signature Edmund A. Miller (M. D. or other)
Beaumont Pez Date signed 3/14/46

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

10243

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.....

Fred Frick

Licensed Embalmer No. 3186.....

P. O. Address St. Louis, Mo......

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.