

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24441
6911

State File No.

Registrar's No.

No. 300
10.48

FILED AUG 15 1951

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No.		Registrar's No.			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri, b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		2249					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis City Hospital,				d. STREET ADDRESS (If rural, give location) 3825a Minnesota Ave.,							
3. NAME OF DECEASED (Type or Print) Frieda			a. (First)		b. (Middle)		c. (Last) Cossman,		4. DATE OF DEATH (Month) (Day) (Year) July 31, 1951,		
5. SEX Female,		6. COLOR OR RACE White,		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed,		8. DATE OF BIRTH October 5, 1868		9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home,				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Germany,		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Frank Peters,			13b. MOTHER'S MAIDEN NAME Marie Krueger,			14. NAME OF HUSBAND OR WIFE Henry Cossman, (deceased)					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Lou Compass, 3825a Minnesota Ave.,						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, atherosclerosis, etc.: It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ch. Cancer - Vasculature heart ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) deceased with hypertension DUE TO (c) Ca. rectum						INTERVAL BETWEEN ONSET AND DEATH 2.3 yrs 1 year.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 1574X							
22. I hereby certify that I attended the deceased from 2-15-57 , 19____, to 7-31-57 , 19____, that I last saw the deceased alive on 7-31-57 , 19____, and that death occurred at 7:45 P m. , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) D. C. Spivey MD				23b. ADDRESS 1523 S. Reynolds				23c. DATE SIGNED 8-2-57			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial,		24b. DATE Aug. 3, 1951		24c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul Cemetery, St. Louis, Missouri,		24d. LOCATION (City, town, or county) _____ (State) _____					
DATE REC'D BY LOCAL REG. AUG 2 1951		REGISTRAR'S SIGNATURE J. B. Foster				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____ Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. *4249*

P. O. Address *2942 Meramec St.,
St. Louis, 18, 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.