

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH 1003

35293  
State File No. 9113

FILED NOV 2 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. 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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2149	
c. LENGTH OF STAY (In this place) 53 Yrs.		d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital			
3. NAME OF DECEASED (Type or Print) Fred		a. (First) Fred		b. (Middle) H. Kossmann	
c. (Last) Kossmann		4. DATE OF DEATH (Month) (Day) (Year) Oct. 13, 1951			
5. SEX Male <input checked="" type="radio"/>		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH June 22, 1878		9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months Days	
IF UNDER 1 YEAR Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steam Fitter's Helper		10b. KIND OF BUSINESS OR INDUSTRY Municipal	
11. BIRTHPLACE (State or foreign country) Washington, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME John Kossmann		13b. MOTHER'S MAIDEN NAME Elizabeth Biller		14. NAME OF HUSBAND OR WIFE Bertha Juengel	
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. 488-03-9624		17. INFORMANT'S SIGNATURE OR NAME Mrs. Bertha Kossmann, 5731 Neosho St.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Pancreas		INTERVAL BETWEEN ONSET AND DEATH 2 months			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
DUE TO (b) Common gall duct obstruction with icterus		2 months			
DUE TO (c) Senility					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Carcinoma involving the pancreas with common duct obstruction		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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? 157X	
22. I hereby certify that I attended the deceased from Sept 29, 19 51, to Oct 13, 19 51, that I last saw the deceased alive on Oct 13, 19 51, and that death occurred at 10:45 P.M., from the causes and on the date stated above.					
23a. SIGNATURE Lewis A. Tuttle		(Degree or title) 0		23b. ADDRESS 3606 Groves Av.	
23c. DATE SIGNED					
24a. BURIAL CREMATION, REMOVAL (Specify) Removal		24b. DATE Oct. 16, 1951		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park	
24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri					
DATE REC'D BY LOCAL REG. OCT 16 1951		REGISTRAR'S SIGNATURE J. Earl Smith		25. FUNERAL DIRECTOR'S SIGNATURE BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave.	

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

Dr. Paul M. Parashak,  
5203 Chippewa Sweetbriar 2454

1 To 3 P.M.

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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed: Gustav W. Dieterle

Licensed Embalmer No. 4329

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.