

FILED JUL 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21667**

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>500</b>		Registrar's No. <b>1431</b>		
1. PLACE OF DEATH a. COUNTY <b>St. Louis,</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri,</b> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>Affton,</b>		c. LENGTH OF STAY (In this place) <b>6 hours</b>		c. CITY OR TOWN <b>St. Louis,</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>6436 Colver</b>				e. STREET ADDRESS (If rural, give location) <b>8026 Reilly Ave., 2019</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b>			b. (Middle) <b>L.</b>		c. (Last) <b>Kossmann,</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 18, 1954.</b>	
5. SEX <b>Female,</b>	6. COLOR OR RACE <b>White,</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed.</b>		8. DATE OF BIRTH <b>August 19, 1880</b>		9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home,</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOUSEWORK</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri,</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Reinhard Bisch,</b>			13b. MOTHER'S MAIDEN NAME <b>Marie Haeffner</b>		14. NAME OF HUSBAND OR WIFE <b>Charles Emil Kossmann,</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>492-12-0705</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mo. <b>Eugene O. Kossmann, 11234 Behr Dr. Affton.</b>				
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>  ANTECEDENT CAUSES <b>aortic and mitral.</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Cardiac Valvular disease 1950</b> DUE TO (c) <b>Hypertension.</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Paralytic stroke. Gastro-enteritis</b>						INTERVAL BETWEEN ONSET AND DEATH <b>2 months</b>  <b>1950</b>  <b>5-1-53</b> <b>6-7-59</b>	
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) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>4210</b>				
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 _____				
22. I hereby certify that I attended the deceased from <b>July 8, 1948,</b> to <b>June 18, 1954,</b> that I last saw the deceased alive on <b>June 7, 1954,</b> and that death occurred at <b>3:30 P. m.,</b> from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>Leroy E. Ellison M.D.</b>				23b. ADDRESS <b>3610 So Broadway, St. Louis Mo</b>		23c. DATE SIGNED _____		
24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE <b>6/21/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Resurrection Cemetery,</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>				
DATE REC'D BY LOCAL REG. <b>6/19/54</b>		REGISTRAR'S SIGNATURE <b>Walter R. Lambert</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo.</b>				

(Licensed Embalmer's Signature on Reverse Side)

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

No. 300  
10. 48

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.....  
Signature of Student Embalmer

Signed.....  
*Joe S. Benz*

Licensed Embalmer No. 4244  
2842 Meramec  
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.