

FILED DEC 17 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42540**  
Registrar's No. **11067**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis</u>		c. CITY OR TOWN <u>St Louis</u>	
c. LENGTH OF STAY (in this place)		d. 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. <u>3710a Connecticut</u>		STREET ADDRESS (If rural, give location) <u>16 3710a Connecticut 21690</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>RUTH</u>	b. (Middle)	c. (Last) <u>KOSMAN</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>Dec 3 1954</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar 29 1901</u>	9. AGE (In years last birthday) <u>53</u>	# UNDER 1 YEAR Months	# UNDER 1 RES. Hours	# UNDER 1 RES. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis Mo 0</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>John H Koenig</u>	13b. MOTHER'S MAIDEN NAME <u>Minnie A Pree</u>	14. NAME OF HUSBAND OR WIFE <u>Lawrence Kosmas</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lawrence Kosman</u>	ADDRESS <u>3710a Connecticut</u>
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19. 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 mins</u> <u>10 yrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension with</u> DUE TO (c) <u>Diabetes Mellitus</u>		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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 <u>260x</u>
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22. I hereby certify that I attended the deceased from Feb 3, 1944 to December 3, 1954, that I last saw the deceased alive on December 3, 1954, and that death occurred at 5:45 p.m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <u>Norman C Edwards MD</u>	22b. ADDRESS <u>914 W. Big Bend Rd.</u>	22c. DATE SIGNED <u>12-4-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 7 54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis Mo</u>
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DATE REC'D BY LOCAL REG. <u>DEC 4 1954</u>	REGISTRAR'S SIGNATURE <u>E. Earl Smith MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Schnur</u>	ADDRESS <u>3125 Lafayette</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

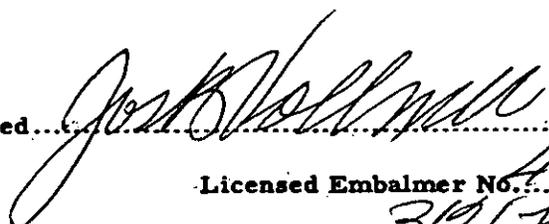
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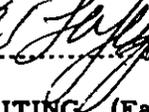
**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision:.

Student.....  
Signature of Student Embalmer

Signed.....  


Licensed Embalmer No. 4914

P. O. Address 325 1/2  


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.