

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-045933  
STATE FILE NUMBER  
12170  
Registrar's No.

Registration District No. 318 Primary Registration District No. 1003

FILED JAN 12 1959

5. 300  
1-57

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 01 1415 Hebert		Length of stay in 1b	d. STREET ADDRESS 1415 Hebert
3. NAME OF DECEASED (Type or print) First Middle Last Anna Kosin			4. DATE OF DEATH Month Day Year 12 15 58
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4-26-1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 77 FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
11a. BIRTHPLACE (City and state or country) Poland		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Karoleski		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE John Kosin
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. _____	17. INFORMANT Address Milo Ryan 1415 Hebert
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Recurrent Ca. of Thy. Glands</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Carcinoma Labia Majora</u> DUE TO (c) <u>176.0</u>			INTERVAL BETWEEN ONSET AND DEATH 4-57-58
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Sept - 1958</u> , to <u>Dec 17 1958</u> and last saw her alive on <u>Dec 15 1958</u> Death occurred at <u>11:45 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>E. H. Seivung</u> (Degree or title)		22b. ADDRESS <u>2342 St Louis Ave</u>	22c. DATE SIGNED <u>12/17/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-18-58	23c. NAME OF CEMETERY OR CREMATORY St. Peter's CEM	23d. LOCATION (City, town, or county) (State) Normandy, Missouri
24. FUNERAL DIRECTOR ST. LOUIS FUNERAL HOME ADDRESS 2205 St. Louis		25. DATE RECD. BY LOCAL REG. DEC 17 '58	26. REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u> E.P.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.  
Physician must use only standard nomenclature in item 18. No symptoms will be listed.

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 *Laurance O. Gerling* .....

Licensed Embalmer No. *4979* .....

P. O. Address *St. Louis* .....

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.