

Health, Welfare
Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019349

STATE FILE NUMBER

FILED JUN 4 1959

Registration District No.

Primary Registration District No.

Registration No.

4973

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MISSOURI</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS, MO</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>ST. LOUIS</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>ST. LOUIS CITY HOSP.</i>		Length of stay in lb <i>#1. 5 Day</i>	d. STREET ADDRESS (If outside, give location) <i>4142 MARYLAND</i>
3. NAME OF DECEASED (Type or print) First <i>MARIE</i> Middle <i>OLGA</i> Last <i>KOST</i>			4. DATE OF DEATH Month <i>MAY</i> Day <i>21</i> Year <i>1959</i>
5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>10-17-1904</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House work</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>AT HOME</i>	11. BIRTHPLACE (City and state or country) <i>E. St. Louis, Illinois</i>
13a. FATHER'S NAME <i>HENRY KOST</i>		13b. MOTHER'S MAIDEN NAME <i>ANNA FISCHER</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>488034542</i>	17. INFORMANT <i>ELIZABETH KOST</i> Address <i>4142 MARYLAND</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>congestive heart failure</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Arteriosclerotic heart disease</i> DUE TO (c) <i>416x</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Scurvy, aspiration pneumonia.</i>			INTERVAL BETWEEN ONSET AND DEATH <i>unk.</i> <i>unk.</i>
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 _____ a.m. _____ p.m.		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
20d. INJURY OCCURRED WHILE AT WORK <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.)	
21. I attended the deceased from <i>5/16/59</i> to <i>5/21/59</i> and last saw her/him alive on <i>5/21/59</i> Death occurred at <i>2:35 P.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (In green or blue ink) <i>Glean A. Chapman, M.D.</i>	
22b. ADDRESS <i>1515 LAFAYETTE AVE</i>		22c. DATE SIGNED <i>5/21/59</i>	
23a. BURIAL OR CREMATION, REMOVAL (Specify)	23b. DATE <i>5-22-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>MT. CARMEL Cem.</i>	23d. LOCATION (City, town, or county) (State) <i>Belleville Ill.</i>
24. FUNERAL DIRECTOR <i>BRICKER</i> ADDRESS <i>E. St. Louis, Ill</i>		25. DATE RECD. BY LOCAL REG. <i>MAY 22 '59</i>	26. REGISTRAR'S SIGNATURE <i>Paul Smith, M.D.</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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

2012

Signed *Frank Protopoff*

Licensed Embalmer No. *4356*

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.