

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025518

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 1894  
**FILED JUL 6 1962**

VS 300  
Rev. 4/59

1436  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Pine Lawn</u>		Length of stay in lb <u>1 Month</u>	c. CITY OR TOWN <u>6120 Sherry Avenue</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Shamrock Nursing Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>St. Louis</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Ada W. Koseck</u>			4. DATE OF DEATH Month Day Year <u>June 23, 1962</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3/15/88</u>
9. AGE (last birthday) <u>74</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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>At Home</u>	11. BIRTHPLACE (City and state or country) <u>Gerald Missouri</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13. FATHER'S NAME <u>Dr. Thomas W. Johnson</u>	
14. MOTHER'S MAIDEN NAME <u>Eva Boston</u>		15. NAME OF HUSBAND OR WIFE <u>Henry W. Koseck</u>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		17. SOCIAL SECURITY NO. <u>None</u>	18. INFORMANT <u>Charles R. Johnson, 1332 Gregan Ave</u>
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>Metastatic adenocarcinomatosis</u> DUE TO (b) <u>Primary unknown</u> DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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 a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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>May 22, 1962</u> to <u>June 19, 1962</u> and last saw her <u>alive</u> on <u>June 19, 1962</u> Death occurred at <u>12:55 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Lewis Littmann MD</u> (Degree or title)		22b. ADDRESS <u>8231 Clayton Rd (17)</u>	22c. DATE SIGNED <u>6/25/62</u> (State)
23a. BURIAL, CREMATION, OR DISPOSAL (Specify) <u>Removal</u>	23b. DATE <u>June 26, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Boeuff Cemetery</u>	23d. LOCATION (City, town, or county) <u>Gerald Missouri</u>
24. FUNERAL DIRECTOR <u>Shepard Funeral Home 1167 Hamilton Ave</u>	25. DATE RECD. BY LOCAL REG. <u>6-25-62</u>	26. REGISTRAR'S SIGNATURE <u>John B. Murphy M.D.</u>	

USE BLACK INK OR TYPEWRITER RIBBON

