

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1129
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 791
(b) Township Primary Registration District No. 1003
(c) City St. Louis Mo. (d) Street No. City Sanitarium Registered No. 985
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Emma Kossmeyer 256
(a) Residence, No. 2208 Chippewa St. 24 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 1st 1889

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 48 3 24

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

13. NAME Anthony Weber 6

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 6

15. MAIDEN NAME Unknown 169

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mary Kossmeyer 2208 Chippewa

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE S.S. Peter & Paul Jan 29 38

19. FUNERAL DIRECTOR (ADDRESS) Thorditts 2906 Gravois Ave.

20. FILED 27 1938 J. T. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25 38

22. I HEREBY CERTIFY That I attended deceased from 19... to 19... I last saw h... alive on 19... Death is said to have occurred on the date stated above, at 10:15 a.m.

The principal cause of death and related causes of importance were as follows:
Fracture of Patella and displacement of skull following fall over stair at the City Southern while at work

Other contributory causes of importance:
Patient suffering from a mental aberration on Jan. 19-1938 at about 3:45 P.M.

Name of operation Suture Date of 70

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide. Suicide Date of injury 1/19, 1938 Where did injury occur? St. Louis Mo. (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. Rubin Plaza

Manner of injury Sex above

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No If so, specify (Signed) Joseph M. Deen (Address) Deputy Registrar

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, THOS. KUTIS, Licensed Embalmer No. 1619

hereby certify that the body recorded on the reverse side of this certificate was embalmed by THOS. KUTIS

L. E. 1619

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed: Thos Kutis

Licensed Embalmer No. 1619

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.)