

FILED MAR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11837**BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590** Registrar's No. **599**

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY OR TOWN Wellston		c. CITY OR TOWN Wellston 4301	
c. LENGTH OF STAY (in this place) 30 Yrs		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6201 Wells Ave			
e. STREET ADDRESS (If rural, give location) 6201 Wells Ave			

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Cosmidys c. (Last) Cosmidys			4. DATE OF DEATH (Month) (Day) (Year) 3 1 56		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 7-12-82		9. AGE (In years last birthday) 73		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Policeman		10b. KIND OF BUSINESS OR INDUSTRY St Louis Co Deputy Sheriff		11. BIRTHPLACE (City and State or Foreign Country) st Louis Mo	
12. CITIZEN OF WHAT COUNTRY? U S A					

13a. FATHER'S NAME George Cosmidys		13b. MOTHER'S MAIDEN NAME Miltilda Manthey		14. NAME OF HUSBAND OR WIFE Nonie Cosmidys	
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. 346-05-6070		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Nonie Cosmidys 6201 Wells Ave	

18. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis - Generalized		INTERVAL BETWEEN ONSET AND DEATH unknown	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Primary - Unknown			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus			

19a. DATE OF OPERATION 11-22-55		19b. MAJOR FINDINGS OF OPERATION MEASTATIC CARCINOMA 1998		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)	
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?	

22. I hereby certify that I attended the deceased from **11-19, 1955**, to **3-1, 1956**, that I last saw the deceased alive on **1-25, 1956**, and that death occurred at **3:30 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE Chorwille (Degree or title)		23b. ADDRESS 488 Humboldt		23c. DATE SIGNED 3/2/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-3-56		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
				24d. LOCATION (City, town, or county) (State) St Louis Mo	

DATE REC'D BY LOCAL REG. 3-2-56		REGISTRAR'S SIGNATURE Herbert R. Donk		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos W Clark Funeral Home Inc 1125 Hodiament Ave	
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(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

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.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.