

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

Do not use this space.

6384

1. PLACE OF DEATH

County.....

Registration District No.....

791

Township.....

Primary Registration District No.....

1003

City.....

St. Louis Mo. (No.) Sanitarium

File No.....

Registered No.....

1578

St. Ward)

2. FULL NAME

Paul Kozak (or Kozak)

(a) Residence, No.
(Usual place of abode)

St. 13 Ward.

Valley Park Mo.
(If nonresident give city or town and State)

Length of residence in city or town where death occurred *15* yrs. mos. ds. - How long in U.S., if of foreign birth? *20* yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Mary Kozak

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Jan. (?) 1880.

7. AGE

YEARS

MONTHS

DAY

IF LESS than 1 day, ... hrs. or ... min.

about

47

1

(?)

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

Plate Glass Work

(c) Name of employer

Unknown

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Austria-Hungary

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Hungary

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Hungary

14.

INFORMANT

William T. Gittler M.D.

(Address)

5300 Arsenal St.

15.

FILED FEB 15 1927

Mar E Starkoff

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

2-14-1927

17.

I HEREBY CERTIFY, That I attended deceased from

Mar. 2nd 1912. to *Feb. 12 1927*

that I last saw ~~him~~ alive on *Feb. 12 1927*, and that death occurred, on the date stated above, at *7:10 P.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Peritonitis

12.6

12.9

(duration) ... yrs. ... mos. *3* ds.

CONTRIBUTORY (SECONDARY)

Cholelithiasis

unknown

(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? *Yes* DATE OF *Feb. 9/27*

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

Clinical

(Signed)

William T Gittler

M. D.

Feb 14, 1927 (Address) 5300 Arsenal St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Valley Park Mo

Feb 16 1927

20. UNDERTAKER

ADDRESS

W. L. Moydell

1926. Allen

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.

