FEB 12 1938

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

777
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 633
(c) City St. Louis (d) Street No. City Hospital o.1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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.
C. 15164

2. PRINT FULL NAME John Kostecki 232
(a) Residence, No. 819 Market St. 25
(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 male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11th, 1873
7. AGE 72 YEARS 64 MONTHS 10 DAYS 26 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Railroad
9. Industry or business in which work was done, as saw mill, bank, etc. (Odd Jobs)
10. Date deceased last worked at this occupation (month and year) Sept. 1937
11. Total time (years) spent in this occupation 40 Yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lemont Illinois

FATHER
13. NAME Albert Kostecki 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Po[illegible] Germany 6

MOTHER
15. MAIDEN NAME Amelia Korleski
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Hosp. Info M. Kent City Hospital #1
18. BURIAL, CREMATION, OR REMOVAL
PLACE Lake Charles DATE January 19th 1938
19. FUNERAL DIRECTOR (ADDRESS) Albert H. Hoppe Inc., 429 N. Euclid Avenue
20. FILED JAN 18 1938 J. F. Bridek Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/17/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/14/38, 19 to 1/17/38, 19
I last saw him alive on 1/17/38, 19 Death is said to have occurred on the date stated above, at 8.45 a m.
The principal cause of death and related causes of importance were as follows:
Myocarditis, Chronic
Date of onset
Other contributory causes of importance:
Hypertension
Name of operation ..... Date of .....
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? ..... Date of injury ....., 19
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) E. P. Rel, M.D.
(Address) City Hospital No.1

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT

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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

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

.....L. E.....

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

working under my personal supervision.

Signed Guy W Wilkinson

Licensed Embalmer No. 3575

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.)