

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rev. 6-17-39
I X19151

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38177

DEC 13 1939 791
Registration District No. 1003

Primary Registration District No. _____

Registrar's No. 10016

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
City Sanitarium
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 11 yr. 2 mo. 12 days
 (Specify whether _____)
 In this community, 27 yrs.
 (Specify whether _____)
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis 26
 (If outside city or town limits, write "RURAL")
 Street No. 834 Brooklyn St
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Mike Kotyla 340

3. (b) If veteran, name war No 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Bertha Kotyla 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased 5-1-1871
 (Month) (Day) (Year)

8. AGE: Years 68 Months 6 Days 21 If less than one day
 hr. _____ min. _____

9. Birthplace Unknown Poland
 (City, town, or county) (State or foreign country)

10. Usual occupation Shoemaker 7

11. Industry or business _____

12. Name Mike Katyla 7

13. Birthplace Unknown Poland
 (City, town, or county) (State or foreign country)

14. Maiden name Unknown ?

15. Birthplace Unknown Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature L. Deppendorf
 (b) Address 5400 Arsenal St

17. (a) BURIAL (b) Date thereof NOV 25-1939
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director BROCKLAND UND. CO
1827 HOGAN STR

(b) Address _____
 19. (a) NOV 24 1939 (b) J. F. Brudick
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22
 year 1939 hour 7:15 minute a.m. M. _____

21. I hereby certify that I attended the deceased from Nov. 1, 1939 to Nov. 22, 1939
 that I last saw him alive on Nov. 22, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
 Duration _____

Chronic Myocarditis II-1-39x
Arteriosclerosis II-1-39x
 Due to _____

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____

Of autopsy No.

PHYSICIAN

 Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature W. J. Buslis (M. D. or other) _____
 Address 5400 Arsenal St. Date signed _____

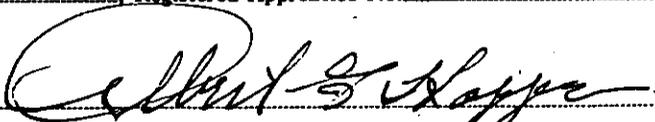
SEP 25 1956

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed



Licensed Embalmer No. 2991

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.