

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 23581  
Registrar's No. 6026

Registration District No. 791

Primary Registration District No. 1003

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. PLACE OF DEATH:

(a) County \_\_\_\_\_  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Anthony Hospital /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 12 days  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME FRANK KORZOZEMSKI 622  
 8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Genevieve 6. (c) Age of husband or wife if alive 64 years  
 7. Birth date of deceased April 3 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 3 14 hr. \_\_\_\_\_ min.

9. Birthplace Poland 7  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Retired 25 yrs.

MOTHER FATHER  
 { 12. Name Lawrence Korzozemski  
 { 13. Birthplace Poland 7  
(City, town, or county) (State or foreign country)  
 { 14. Maiden name Dont know.  
 { 15. Birthplace Dont know. 9  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Genevieve Korzozemski  
 (b) Address 3241 Delor St.

17. (a) Burial (b) Date thereof Jul 22 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation NewSS, Peter & Paul Cem.

18. (a) Signature of funeral director J. N. Gebken  
 (b) Address 2842 Laramie St.

19. (a) JUL 18 1940 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis 15  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3241 Delor St.  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 50 yrs. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17  
 year 1940 hour 4 minute 05 P. M.

21. I hereby certify that I attended the deceased from July 3, 1940, to July 17, 1940,  
 that I last saw him alive on July 17, 1940,  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Acute Myocarditis 8 days  
 Due to Carcinoma of Tongue 5 years  
 Due to \_\_\_\_\_  
 Other conditions 45  
(Include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings: Extension of Ca to Glands of Neck.  
 Of operations \_\_\_\_\_  
 Of autopsy none  
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 \_\_\_\_\_  
 28. Signature H. J. Shetter (M. D. number) \_\_\_\_\_  
 Address 470 B Virginia Date signed 7-18-40

**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..... Me

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

Signed..... Robert F. Gibson

Licensed Embalmer No. 4144  
2842 Meramec St.  
P. O. Address..... St. Louis, Mo.

**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.**