

S. No. 2
11-10-39
9-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

OCT 23 1940
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33013

State File No. _____

Registration District No. 773

Primary Registration District No. 6018A

Registrar's No. 170

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Rural St Francois Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)

3. (a) PRINT FULL NAME Katherine Kozozemski

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Kozozemski 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased: March 28, 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 5 24 _____ hr. _____ min.

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

10. Usual occupation Janitress

11. Industry or business _____

12. Name Fredrick Trader

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

14. Maiden name Barbara Goralski

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

16. (a) Informant John Kozozemski
(b) Address 4943 Thrush Ave.

17. (a) Burial (b) Date thereof Sept. 26, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director General Funeral Home
(b) Address 2233 University Street
19. (a) Sept 26-1940 (b) T. J. Robinson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 4943 Thrush Ave;
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 50 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22
year 1940 hour 4 minute 20 A.M.

21. I hereby certify that I attended the deceased from April 23,
1940, to Sept. 22, 1940;
that I last saw her alive on September 21, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Branchopneumonia

Due to Arteriosclerosis, generalized + marked ?

Due to _____
Other conditions Senile Psychosis, Simple
(Include pregnancy within 3 months of death)
Deterioration

Major findings:
Of operations none
Of autopsy none

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 D. C. Ault (M. D. or other) M.D.
Address Farmington, MO. Date signed 9/27/40

Duration 5 days
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Edward H. Bookhard
Licensed Embalmer No. 2502
P. O. Address Clayton 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.