V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 512

FILED FEB 24 1942

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 466

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

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: City Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 3/4 hrs. (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 26
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1426 Wright St. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

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3. (a) PRINT FULL NAME KOZIELEK, Albert
3. (b) If veteran, name war No.
3. (c) Social Security No. 497-09-4979
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gertrude
6. (c) Age of husband or wife if alive 25 years
7. Birth date of deceased April (Month) 19 (Day) 1907 (Year)
8. AGE: Years 34 Months 8 Days 5 If less than one day hr. min.
9. Birthplace Madison (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Inspector
11. Industry or business Small Arms Plant
FATHER 12. Name Michael Kozielek
13. Birthplace Granite City (City, town, or county) Illinois (State or foreign country)
MOTHER 14. Maiden name Marcella Kaliszewski
15. Birthplace (City, town, or county) Russia (State or foreign country)
16. (a) Informant Gertrude Kozielek
(b) Address 1426 Wright St.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-15-42 (Month) (Day) (Year)
(c) Place: burial or cremation Tamaroa, Ill.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.
19. (a) JAN 15 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 14 year 1942 hour 6 minute 00 P. M.
21. I hereby certify that I attended the deceased from Jan. 13, 42, to Jan. 14, 42; that I last saw him alive on Jan. 14, 42; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Aortic stenosis
Chronic myocarditis
Pulmonary infarction
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy As above

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

23. Signature M. M. Karl (M. D. or other)
Address 1515 Lafayette Date signed

(Licensed Embalmer's Statement on Reverse Side)

## 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 Wilford H. Burnley

Licensed Embalmer No. 4202

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, fact should be so stated above.**