

LED APR 19 1943 18
Registration District No.

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County **St. Louis, Mo.**
(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 Sanitarium 2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **25 yrs. 11 mos. 21 ds.**
In this community **about 27 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000
17
9/13**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **7015 Pennsylvania Ave**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **JACOB KOZOLOSKI**

3. (b) If veteran, name war **-** 3. (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 **Barbara Kozoloski** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **unknown - about 1871**
(Month) (Day) (Year)

8. AGE: Years **about 72** Months Days If less than one day hr. min.

9. Birthplace **unknown Russia 6**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business **unknown Joe Kozoloski**

12. Name **unknown** 13. Birthplace **Russia 6**
(City, town, or county) (State or foreign country)

14. Maiden name **unknown** 15. Birthplace **Russia 6**
(City, town, or county) (State or foreign country)

16. (a) Informant **Edward J. Burmes**

(b) Address **5400 Arsenal St.**

17. (a) **Burial** (b) Date thereof **4-6-43**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Matthew's Cemetery**

18. (a) Signature of funeral director **Kriegshauser Mortuaries**
(b) Address **4228 So. Highway Blvd.**

19. (a) **APR 6 1943** (b) **J. F. Burmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **3**, year **1943** hour **11:00** minute **A.** M.

21. I hereby certify that I attended the deceased from **7-1-42**, 19... to **4-3-43**, 19... that I last saw him **1m** alive on **4-3-43**, 19... and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis and Myocardial Degeneration** Duration **18 yrsx 18 yrsx**

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) **112
92**
Major findings: Of operations

Of autopsy **No**

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?

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

(Specify type of place) While at work **Stanley J. Memes** M.D. or other **M.D.**

23. Signature **Stanley J. Memes** Address **5400 Arsenal St.** Date signed **4/4/43**

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

MOTHER FATHER

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 *Edwin A. Mc Dermott*

Licensed Embalmer No. *3024*

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.