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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 28 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 377 Primary Registration District No. 6076 Registrar's No. 945

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Overland (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 9116-Seneca Lane (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 13 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96 12

(c) City or town Overland (If outside city or town limits, write "RURAL")

(d) Street No. 9116-Seneca Lane (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME James James Kozler

3. (b) If veteran, name war World War #1

3. (c) Social Security No. 493-09-1682

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Rosalie

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased Sept (Month) 28 (Day) 1897 (Year)

8. AGE: Years 45 Months 6 Days 22 If less than one day hr. min.

9. Birthplace CHICAGO (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Tool-Die Inspector

11. Industry or business Small-Arms

FATHER
12. Name Frank Kozler
13. Birthplace (City, town, or county) Bohemia (State or foreign country)

MOTHER
14. Maiden name Barbara Kozlerova
15. Birthplace (City, town, or county) Bohemia (State or foreign country)

16. (a) Informant Rosalie Kozler

(b) Address 9116-Seneca Lane Overland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-21-1943 (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Baumann Bros Inc

(b) Address 2504-Woodson Rd Overland

19. (a) APR 22 1943 (Date received local registrar) (b) E. L. McLaren (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18 year 1943 hour 8 minute 15 P. M.

21. I hereby certify that I attended the deceased from April 10, 1940, to April 18, 1943 that I last saw him alive on 4 18, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	1½ yrs
Due to Myocarditis	3 yrs.
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

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 Herman J. Kloeckler (M.D. or other) M.D.

Address 962, Lockland Date signed 4-20-43

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(Licensed Embalmer's Statement on Reverse Side)

APR 28 1943

MAY 24 1943

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 Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland 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, fact should be so stated above.