S. No. 2
0M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 28 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5374

State File No.

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. 1538

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: Deaconess Hospital 0
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 6659 Mitchell Ave. 4
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME David T. Kozuszek

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 19th (Day) 1943 (Year)

8. AGE: Years 0 Months 7 Days 27 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Theodore Kozuszek
13. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Bertha Liszewski
15. Birthplace (City, town, or county) Arkansas 1 (State or foreign country)

16. (a) Informant Theodore Kozuszek
(b) Address 6659 Mitchell Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-19-44 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

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

19. (a) FEB 16 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15th year 1944 hour 12 30 minute P M.

21. I hereby certify that I attended the deceased from 2-12, 1944, to 2-15, 1944; that I last saw him alive on 2-15-44, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Enteritis Enteritis

Due to IBC? Tuberculosis of bowels

Due to

Other conditions (Include pregnancy within 3 months of death) 15

Major findings:
Of operations

Of autopsy Waiting on Lab Report

Duration

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 0

23. Signature P. B. Cappel MD (M. D. or other) MD

Address 3284 Franklin Ave. Date signed 2-16-44

(Licensed Embalmer's Statement on Reverse Side)

Mr P. B. Cappel
Inwood ave,

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 Richard W. Stouesand

Licensed Embalmer No. 4007

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.