

S. No. 2
M-5-43
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#44152
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **7847**

FILED SEP 18 1945

Registration District No. _____ Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **St. Louis City Hospital-Max C. Starkloff Memorial**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 mo-15 days**
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **066**
(c) City or town **St. Louis** **179**
(If outside city or town limits, write "RURAL")
(d) Street No. **516a E. Prairie Ave?**
(If rural, give location)
(e) Citizen of foreign country? _____
(Yes or No) **5**
If yes, name country _____

3. (a) PRINT FULL NAME **Edward Kozlowski**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**
4. Sex **Male** **5. Color or race** **White**
6. (a) Single, widowed, married, divorced **Widower**
6. (b) Name of husband or wife **Anna Kozlowski**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **February 15, 1888**
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept.** day **4th**
year **1945** hour **10:40** minute **A.** M.
21. I hereby certify that I attended the deceased from **7/18/45**
_____ 19 _____ to **9/4/45** 19 _____
that I last saw **him** alive on **9/4/45** 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death _____
General paresis
Due to _____
Due to _____
Other conditions: _____
(Include pregnancy within 3 months of death) **30 lb**
Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

8. AGE: Years Months Days If less than one day
57 **6** **20** hr. min.
9. Birthplace **St. Louis, Mo.**
(City, town, or county) (State or foreign country)
10. Usual occupation **Cooper**
11. Industry or business _____
MOTHER FATHER
12. Name **Frank Kozlowski**
13. Birthplace **Unknown Poland**
(City, town, or county) (State or foreign country)
14. Maiden name **Anna Wicks**
15. Birthplace **Unknown Bohemia**
(City, town, or county) (State or foreign country)
16. (a) Informant **Mrs Evelyn Puder**
(b) Address **516a E. Prairie Ave**
17. (a) Burial **(b) Date thereof** **9/8/45**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Calvary Cemetery**
18. (a) Signature of funeral director **Math Hermann & Son**
(b) Address **2161 E. Fair Ave**
19. (a) SEP 7 1945 **(b) J. H. Bredich**
(Date received local registrar) (Registrar's signature)

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) _____
23. Signature **R. P. Stubblefield** **(M. D. or other)**
Address **1820 Drahan** **Date signed** **9-5-45**

(Licensed Embalmer's Statement on Reverse Side)

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 *William G. Buchholz*
Licensed Embalmer No. *2110 3*
P. O. Address. *St. Louis 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.