

FILED JAN 5 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11216

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1307a Warren St. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 42 years (Specify whether
In this community 42 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County No
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1307a Warren St. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Bertha Kotyla

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife late Michael Kotyla 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 15th 1895
(Month) (Day) (Year)

8. AGE: Years 50 Months 9 Days 4 If less than one day
hr. _____ min. _____

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

10. Usual occupation Housework

11. Industry or business _____

12. Name unknown

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Josephine Kotyla

(b) Address 1307a Warren St.

17. (a) Burial (b) Date thereof 12-22-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Hy. Leidner U. Co.

(b) Address 2223 St. Louis Ave.

19. (a) DEC 21 1945 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 19th
year 1945 hour 11:00 AM minute _____ M.

21. I hereby certify that I attended the deceased from Nov. 15
1945 to Dec 18 1945
that I last saw her alive on Dec 18 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Gastrointestinal carcinoma

Due to _____

Due to _____

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

Major findings:
Of operations _____
Of autopsy _____

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)
(a) Means of injury _____

23. Signature J. H. [Signature] (M. D. or other) _____

Address 7507 N. Grand Date signed 12/21/45

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

MOTHER FATHER

10-12-31
3-4-80

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 John P. Buchholz
Licensed Embalmer No. 1674
P. O. Address 2223 St. Louis Ave

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.