

FILED JUL 9 1946

State File No.

Registration District No. 47

Primary Registration District No. 3008

Registrar's No. 228

1. PLACE OF DEATH:

(a) County Galloway
(b) City or town Fulton
(c) Name of hospital or institution States Hospital 2
(d) Length of stay: In hospital or institution 11-4M-3d
In this community 11-4M-3d

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Galloway Ferguson
(d) Street No. R# 10. Box 935-14
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME

Flora Kotalik

(b) If veteran, name war

(c) Social Security No.

4. Sex F

1

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased MAR. 4 1916

8. AGE:

Years 30 Months 3 Days 22

9. Birthplace

Owensville, Mo.

10. Usual occupation

Housework

11. Industry or business

MOTHER FATHER

12. Name

John Kotalik

13. Birthplace

Chicago, Ill.

14. Maiden name

Sophia Wotipka

15. Birthplace

Owensville, Mo.

16. (a) Informant

Lillie Kotalik

(b) Address

Ferguson, Mo. R#1

17. (a) Burial

(b) Date thereof June 29 1946

(c) Place: burial or cremation

St. Louis, Mo.

18. (a) Signature of funeral director

Geo. L. Pleitich Inc.

(b) Address

5966-68 E. Patton Ave. St. Louis, Mo.

19. (a) 6-27-1946

(b) Josef Morsut

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1946 hour 10:30 minute P M.

21. I hereby certify that I attended the deceased from 4-25 1946 to 6-26 1946
that I last saw her alive on 6-26 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration 8 Mo.

Due to _____
Due to _____

Other conditions Schizophrenia, Parainfluenza 6 y
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy 131

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? 0

While at work? _____
(Specify type of place) _____
(e) Means of injury _____
Signature Karaul Heriell (M. D. or other) M.D.
Address Fulton Date signed 6/26/46

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

18533

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SEP 11 1948

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 7-8-46

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: Leonard W. Keegan

Licensed Embalmer No. 2678

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.