

S. No. 2
OM-5-43
v. 5-17-39
P 1 X3687

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21919

FILED JUN 26 1946
318

1003

Registrar's No. 5407

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH: 2511 Benton St

(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: 2511 Benton St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days) 38

3. (a) PRINT FULL NAME Alexandria Koziatek

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color of race W

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

6. (b) Name of husband or wife Adam Koziatek 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 25 1869
(Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 22 If less than one day hr. min.

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

10. Usual occupation House work

11. Industry or business _____

12. Name Peter Szydlowski

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

14. Maiden name Bielaska

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

16. (a) Informant Frank Szydlowski

(b) Address 2239 N. Market

17. (a) Burial (b) Date thereof 6 19 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director St. Louis Funeral Home

(b) Address 2205 St. Louis Ave

19. (a) JUN 18 1946 (b) J. F. Bradest
(Date received local health officer's report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 2511 Benton
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17 year 1946 hour 5 minute 45 M.

21: I hereby certify that I attended the deceased from April 23, 1946 to June 17, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 6 mo

Due to _____

Due to 7 _____

Other conditions Arteriosclerosis 6 mo
(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? _____

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Anthony G. Brekovec (M. D. or other) MD

Address 1525 1/2 Cass Ave Date signed 6/17/46

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

MOTHER FATHER

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.....

Henry M Brammer

Licensed Embalmer No.....

4200

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. -