

National Office of Vital Statistics
FILED JUL 21 1947
Registration District No. **318**

Primary Registration District No. **1008**

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

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:
2336 Howard St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... **about 78 Yrs.**
years, months or days)

3. (a) PRINT FULL NAME..... **Joseph Kowalski**
3. (b) If veteran, name war..... **no**
3. (c) Social Security No...... **no**

4. Sex..... **Male** **5. Color or race**..... **White**
6. (a) Single, widowed, married; **Widowed**
6. (b) Name of husband or wife..... **Anna Kowalski**
6. (c) Age of husband or wife if **alive**..... years
7. Birth date of deceased..... **12 29 1864**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 6 11 hr. min.

9. Birthplace..... **Unknown Germany,**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Nil**

11. Industry or business.....

12. Name..... **Ernest Kowalski**

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

14. Maiden name..... **Francis Billicki**

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

16. (a) Informant..... **Miss Nellie Kowalski**
(b) Address..... **2336 Howard St.**

17. (a) Burial..... **(b) Date thereof**..... **7-12-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Calvary Cemetery**

18. (a) Signature of funeral director..... **Gardner & Gardner**
(b) Address..... **2228 St. Louis Ave.**

19. (a) (Date received local Registrar)..... **(b) J. J. Bradack**
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State..... **Mo.** (b) County..... **no**
(c) City or town..... **St. Louis,**
(If outside city or town limits, write "RURAL")
(d) Street No. **2336 Howard St.**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month..... **July** day..... **10**
year..... **1947** hour..... **1** minute..... **30** P.M.

21. I hereby certify that I attended the deceased from **July 7** 19**47**, to **July 10** 19**47**,
that I last saw him alive on **July 10** 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Coronary Thrombosis**
Due to.....
Due to.....
Other conditions.....
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations.....
Of autopsies.....

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..... (e) Means of injury.....

23. Signature..... **W. D. Cass Sr.** (M. D. or other)
Address..... **1207 Cass St.** Date signed..... **July 1947**

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..... *Oliver R. Cadwell*

• Licensed Embalmer No..... *4077*

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.