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-1/47
-17-39

FEDERAL SECURITY AGENCY
Missouri Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29213

FILED SEP 8 1947
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8186

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:
4618 Delor St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo. (b) County..... ood

(c) City or town..... St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4618 Delor St. 7
15 (If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME Josef Kojetinsky

3. (b) If veteran, name war..... None

3. (c) Social Security No.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife..... Mary

6. (c) Age of husband or wife if alive..... 69 years

7. Birth date of deceased..... Feb. 25 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>72</u>	<u>6</u>	<u>2</u> hr. min.

9. Birthplace..... Austria 7
(City, town, or county) (State or foreign country)

10. Usual occupation..... Welder

11. Industry or business..... Handlan Inc.

12. Name..... Josef Kojetinsky

13. Birthplace..... Austria 4
(City, town, or county) (State or foreign country)

14. Maiden name..... Unknown

15. Birthplace..... Austria 4
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mary Kojetinsky

(b) Address..... 4618 Delor St.

17. (a) Burial (b) Date thereof..... 8-30-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Sunset Burial Park
Kriegshausner Und. Co.

18. (a) Signature of funeral director..... J. J. Prudick

(b) 4228 So. Kingshighway Bl.

19. (a) AUG 26 1947 (b) J. J. Prudick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 27
year..... 1947 hour..... 7:30 minute..... A. M.

21. I hereby certify that I attended the deceased from April 1, 1947
..... 19....., to August 27, 1947
that I last saw him alive on August 24, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death..... Cerebral of Sun

Due to..... 17 1/2

Due to.....

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

Major findings:
Of operations..... Cerebral of Sun

Of autopsy..... none

Duration
1 year

PHYSICIAN
MD

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)..... none

(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?..... 1
(Specify type of place)

While at work..... (e) Means of injury.....

23. Signature..... George A. Dawson (M. D. or other) MD

Address..... 4429 Chippewa Ave Date signed..... Aug 28, 1947

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

MOTHER FATHER

Jefferson City Printing Co.
AUG 28 1947

(Licensed Embalmer's Statement on Reverse Side)

1-11-11
1301 So. Kingsley Hwy
P

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 Richard W. Stovesand
Licensed Embalmer No. 4007

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.