

FILED DEC 6 1947
Registration District No. **318**

Primary Registration District No. **1003**

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: DE PAUL HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 DAYS
(Specify whether)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000

(c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 5451 BEACON
(If rural, give location)

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

3. (a) PRINT FULL NAME EDWARD KOCIAN

3. (b) If veteran, name war.....

3. (c) Social Security No. 493-20-7551

4. Sex MALE 5. Color or race WHITE

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 MAY 10 1925
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 22
year 1947 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from 11/18/47, 19....., to 11-22, 19.....
that I last saw him alive on 11-21-47, 19.....
and that death occurred on the date and hour stated above. Duration

Immediate cause of death: Renal disease
Myocardial infarction
Acute myocardial failure

Due to.....

Due to.....

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

PHYSICIAN
Underline the cause of which death should be charged statistically.

8. AGE: Years Months Days If less than one day

22 6 12 hr. min.

9. Birthplace ST LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation FLORIST

11. Industry or business KOCIAN FLORAL CO.

12. Name GORDON KOCIAN

13. Birthplace ST LOUIS MO
(City, town, or county) (State or foreign country)

14. Maiden name CLARA WERREMEYER

15. Birthplace ST LOUIS MO
(City, town, or county) (State or foreign country)

16. (a) Informant GORDON KOCIAN

(b) Address 2251 SO GRAND BLVD

17. (a) BURIAL (Burial, cremation, or removal)

(b) Date thereof NOV 25 1947
(Month) (Day) (Year)

(c) Place: burial or cremation SUNSET BURIAL PARK

18. (a) Signature of funeral director Wm J. Robert & Sons Co

(b) Address 1905 So Grand Blvd

19. (a) NOV 24 1947 (Date received local registrar)

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

While at work?..... Means of injury.....

Signature A. Hayden (M. D. or other) cur

Address 529 G Wilson Date signed 11/24/47

WRITE PLAINLY—USING 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.....

Ronald Yahrke

Licensed Embalmer No. *3917*

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.