S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 7 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17737

Registration District No. 318

Primary Registration District No. 1005

Registrar's No. 4852

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: Mo. Baptist Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 49 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4940 Thrush Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

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3. (a) PRINT FULL NAME Veronica Kozozenski
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frank Kozozenski
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased Oct. (Month) 11 (Day), 1898 (Year)

8. AGE: Years 49 Months 7 Days 13 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) O
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Frank Piechowski
13. Birthplace Poland (City, town, or county) (State or foreign country) 4
MOTHER
14. Maiden name Rose Kozuszek
15. Birthplace Poland (City, town, or county) (State or foreign country) 4
16. (a) Informant Husband - F. Kozozenski
(b) Address 4940 Thrush Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/28/48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.
18. (a) Signature of funeral director St. Louis Funeral Home
(b) Address 2205 St. Louis Ave
19. (a) MAY 27 1948 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24 year 1948 hour 10:45 minute P.M.

21. I hereby certify that I attended the deceased from May 21, 1948 to May 24, 1948; that I last saw him alive on May 24, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Multiple hemorrhages	1 wk.
Due to: Hypoprothrombinemia	1 wk
Due to: Cirrhosis of the liver (Laennec's)	4 yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy: Permission denied	

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PHYSICIAN
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)
(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? (e) Means of injury O

23. Signature John L. Horner (M. D. or other) MD
Address 114 N. Taylor St. Louis Date signed 5-26-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Rex E. Campbell

Licensed Embalmer No. 13881

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.