No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 23 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27923
Primary Registration District No. 1003
Registrar's No. 7003

1. PLACE OF DEATH:
(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 CHRISTIAN HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1/2 HR. (Specify whether years, months or days)
In this community 45 YEARS.

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. 4119 RED BUD AVE. (If rural, give location)
(e) Citizen of foreign country? YES (Yes or No)
If yes, name country POLAND.

3. (a) PRINT FULL NAME VALENTY KOZIATEK (VALENTY KOZIATEK)
3. (b) If veteran, name war NONE.
3. (c) Social Security No. 498-20-8491
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife FRANCES KOZIATEK
6. (c) Age of husband or wife if alive DECEASED
7. Birth date of deceased FEBRUARY 14TH 1879 (Month) (Day) (Year)

8. AGE: Years 69 | Months 6 | Days 25 | If less than one day — hr. — min.
9. Birthplace POLAND. (City, town, or county) (State or foreign country)
10. Usual occupation GENERAL LABORER.
11. Industry or business FALCON SHOE CO.

MOTHER FATHER
12. Name UNKNOWN
13. Birthplace POLAND. (City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace POLAND. (City, town, or county) (State or foreign country)

16. (a) Informant JOSEPH KOZIATEK
(b) Address 4119 RED BUD AVE
17. (a) BURIED (Burial, cremation, or removal) (b) Date thereof AUG 12TH 1948 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEMETERY.
18. (a) Signature of funeral director Brockland Mfg. Co.
(b) Address 1827 HOGAN ST.
19. (a) AUG 10 1948 (Date received local registrar) (b) J. F. Bredek (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month AUGUST day 8TH. year 1948 hour 4:20 minute P. M.
21. I hereby certify that I attended the deceased from Aug 1, 19 48 to Aug 8, 19 48, that I last saw him alive on Aug 7, 19 48, and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Myocardial Insufficiency (Coronary arteriosclerosis)
Due to Arteriosclerosis
Due to Senility 94
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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
23. Signature J. G. Creech (M. D. or Coroner)
Address Troy Mo Date Aug 9/48 (J.G. Creech)

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..... Frank J. Hyland

..... ; Licensed Embalmer No. 2675

..... P. O. Address..... Saidno

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.