

FILED OCT 5 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31768

State File No.

318

1003

Registrar's No. 8140

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8140	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo</i> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis</i>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St Louis</i>		209 27	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>CITY HOSPITAL</i>				d. STREET ADDRESS (If rural, give location) <i>9 ST LOUIS MO 4917 - Pulver</i>			
3. NAME OF DECEASED a. (First) <i>SYLVESTER KOZLOWSKI</i> (Type or Print)			b. (Middle)			c. (Last)	
4. DATE OF DEATH		(Month) (Day) (Year)		<i>SEPT 26 1950</i>			
5. SEX <i>M</i>		6. COLOR OR RACE <i>W</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>MARRIED</i>		8. DATE OF BIRTH <i>APRIL 27 1921</i>	
9. AGE (In years, last birthday) <i>29</i>		# UNDER 1 YEAR Months		# UNDER 1 YEAR Days		# UNDER 1 YEAR Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>MACHINIST</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>ST LOUIS MO</i>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <i>EDWARD KOZLOWSKI</i>			13b. MOTHER'S MAIDEN NAME <i>ANNA BENZLER</i>			14. NAME OF HUSBAND OR WIFE <i>ALBERTA KOZLOWSKI</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO. <i>489-14-4108</i>		17. INFORMANT'S SIGNATURE OR NAME <i>MRS ALBERTA KOZLOWSKI</i>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)							
*This does not mean the mode of dying, such as heart failure, asthemia, etc. It means the disease, injury, or complication which caused death.							
ANTECEDENT CAUSES							
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
DUE TO (b) <i>Cerebral Hemorrhage</i>							
DUE TO (c)							
II. OTHER SIGNIFICANT CONDITIONS							
Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <i>33.1-X</i>			
22. I hereby certify that I attended the deceased from <i>19</i> , to <i>19</i> , that I last saw the deceased alive on <i>19</i> , and that death occurred at <i>5:25 A</i> m., from the causes and on the date stated above.							
23a. SIGNATURE <i>Joseph M. Sullivan</i>				23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>9/27/50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>SEPT 29th</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Calvary</i>		24d. LOCATION (City, town, or county) (State) <i>St Louis Mo</i>	
DATE REC'D BY LOCAL REG. <i>SEP 27 1950</i>		REGISTRAR'S SIGNATURE <i>Sullivan</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>SULLIVAN BROTHERS</i>		ADDRESS <i>1849 Euclid</i>	

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

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Robert L Brinkman*

Licensed Embalmer No. *3553*

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.