

FILED FEB 6 1951  
#9839

## STANDARD CERTIFICATE OF DEATH

State File No. 2688

829

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo. 2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.		d. STREET ADDRESS (If rural, give location) 1800 Kennett Place 0	
3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) c. (Last) KOTNIK			4. DATE OF DEATH (Month) (Day) (Year) Jan. 20th, 1951
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widower	8. DATE OF BIRTH 3/11/1875
9. AGE (In years last birthday) 75		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) O.A.A.	11. BIRTHPLACE (State or foreign country) Austria 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) O.A.A.		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME Antone Kotarik		13b. MOTHER'S MAIDEN NAME Anna unknown	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS M.A. Renard St. Louis City Hospital
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerotic Heart disease</i> INTERVAL BETWEEN ONSET AND DEATH  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Congestive failure</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <i>H20</i>			
22. I hereby certify that I attended the deceased from <u>1/15/51</u> , 19 <u>51</u> , to <u>1/20/51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1/20/51</u> , 19 <u>51</u> , and that death occurred at <u>8:01A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <i>John L. Leahy</i> (Degree or title) M.D.		23b. ADDRESS 1515 Lafayette Ave.,	
23c. DATE SIGNED 1/20/51			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE JAN 27 51	
24c. NAME OF CEMETERY OR CREMATORY CALVARY		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REG JAN 26 1951		REGISTRAR'S SIGNATURE <i>J. Leahy</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Bullen &amp; Kelly</i>		ADDRESS 4386 Lindell St	

(Licensed Embalmer's Statement on Reverse Side)

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.....

*Students of Mortuary College*

working under my personal supervision.

Student Embalmer No.....

Signed.....

*James A. Lammers*

Signed.....

Student Embalmer

Licensed Embalmer No. *4142*

P. O. Address *St. Louis*

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.