

FILED AUG 7 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24878**  
**6713**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <b>0</b>				2. USUAL RESIDENCE (If deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis, Mo.</b>		c. LENGTH OF STAY (If this place) <b>6 hrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		<b>2109</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Mo. Pac. Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>2928a Palm St. 0</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Elizabeth</b>			b. (Middle) <b>—</b>		c. (Last) <b>Kolodziej</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>July 26, 1951</b>		
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>July 8, 1895</b>		9. AGE (In years last birthday) (If under 1 year: Months) (If under 2 hrs: Days) (Hours) (Min.) <b>55-56</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Sausage maker</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Krey Packing Co.</b>			11. BIRTHPLACE (State or foreign country) <b>Poland</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Joseph Zaleski</b>			13b. MOTHER'S MAIDEN NAME <b>Maria</b>			14. NAME OF HUSBAND OR WIFE <b>John Kolodziej</b>			
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. <b>489-05-3050</b>		17. INFORMANT'S SIGNATURE OR NAME <b>John Kolodziej</b>			ADDRESS <b>2928a Palm</b>	
18. CAUSE OF DEATH Enter only one cause per line (a), (b), and (c) <i>Direct Cause</i> <b>Acute Myocardial Infarction</b>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Myocardial Infarction</b>				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) <b>Hypertensive Cardio-Vascular Disease</b>				DUE TO (c) <b>Acute Pulmonary Edema</b>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>420A</b>				
22. I hereby certify that I attended the deceased from <b>1947</b> , to <b>July 25, 1951</b> , that I last saw the deceased alive on <b>July 25, 1951</b> , and that death occurred at <b>12:46 AM</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>John A. Hartwig M.D.</b>				23b. ADDRESS <b>2807 N. Grand Blvd.</b>		23c. DATE SIGNED <b>7/26/51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>7-28-51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>JUL 27 1951</b>			REGISTRAR'S SIGNATURE <b>J. B. Foster</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Provost Und. Co.</b>			ADDRESS <b>3710 N. Grand Blvd.</b>	

USE PREPARED FORMS—USE UNFADING INK—MAKE A PERMANENT RECORD

JUL 27 1957

*Emb separate Cert filed*

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.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 2487851

State of ..... }  
County of ..... } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 6713

On this ..... day of ....., 19....., before me appears.....

....., who, upon ..... oath, states that the original record of birth death  
for Elizabeth Kolodziej, died ~~born~~ 7-26-1951, 19....., in the State of  
Missouri, and which was filed at..... on....., 19....., should be corrected as follows:

Item No. 2 should read July 8 1896

Instead of..... 1897

Item No. 9 should read Age 55

Instead of.....

Item No. .... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant

*Harry Proavet*

Fun. Dir

Relationship.

3710 N. Grand Blvd.

Present Address.

Subscribed and sworn to before me this 20 day of Sept. 1951

3-4-53

*Ellen C. Paddock*

Notary Public.

My Commission expires.....

Affidavits containing erasures will not be accepted; draw one line through error and write above it.