

No. 300  
10-78

XC-16 213 005

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35983

REG. #05610

FILED OCT 23 1951

State File No. ....

BIRTH NO. .... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3249

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI b. COUNTY 2019	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BRKS., MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
c. LENGTH OF STAY (In this place) 62 days		d. STREET ADDRESS (If rural, give location) 3621 A BOWEN	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL			

3. NAME OF DECEASED (Type or Print)	a. (First) FRANK	b. (Middle) A.	c. (Last) KOZELKA JR.	4. DATE OF DEATH (Month) (Day) (Year) SEPTEMBER 24, 1951
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 4/27/94	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAINTENANCE FOREMAN	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) ST. LOUIS, MO.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME FRANK A. KOZELKA SR.	13b. MOTHER'S MAIDEN NAME ANNA MOTICKA	14. NAME OF HUSBAND OR WIFE ROSE KOZELKA
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES	(If yes, give war or dates of service) WW-1	16. SOCIAL SECURITY NO. 488-10-1363	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS	ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF THE LIVER		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 1561		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 8-31-51	19b. MAJOR FINDINGS OF OPERATION CARCINOMA OF LIVER AND RIGHT SUPRARENAL AREA	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE NONE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY VA	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 7/24, 1951, to 9/24, 1951, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

(Signature) E. C. O'BRIEN, M.D. (Degree or title)	23b. ADDRESS VAH, JEFF BRKS., MO.	23c. DATE SIGNED 9-25-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/27/51	24c. NAME OF CEMETERY OR CREMATORY SUNSET BURIAL PARK	24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.
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DATE REC'D BY LOCAL REG. 9-26-51	REGISTRAR'S SIGNATURE Herbert R. Donke MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MOYDELL FUNERAL HOME, ST. LOUIS, MO
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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 me

Student Embalmer No. 421

working under my personal supervision.

Student George J. Shubadej  
Student Embalmer

Signed Dale Strueman

Licensed Embalmer No. 4533

P. O. Address 1926 allen

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.