

FILED JAN 5 1954

STANDARD CERTIFICATE OF DEATH

State File No. **44315**REG. DIST. NO. **318**PRIMARY REG. DIST. NO. **1003**Registrar's No. **11528**

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		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Missouri Baptist Hosp.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) Mark b. (Middle) John c. (Last) Kozuszek		4. DATE OF DEATH (Month) (Day) (Year) Dec. 5, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept. 15, 1950
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unemployed		10b. KIND OF BUSINESS OR INDUSTRY none	9. AGE (In years last birthday) 3 if UNDER 1 YEAR Months Days if UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Walter Kozuszek		13b. MOTHER'S MAIDEN NAME Hadie Malaw	
14. NAME OF HUSBAND OR WIFE unmarried		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Walter Kozuszek 4961 Thrush Ave.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aspiration pneumonitis, moderate ANTECEDENT CAUSES DUE TO (b) Possible poliomyelitis DUE TO (c) Fatty Liver II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		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) (Minute) 0800	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12-2-53 , to 12-5-53 , that I last saw the deceased alive on 12-5-53 , and that death occurred at 5:45 am. , from the causes and on the date stated above.			
23a. SIGNATURE E. J. Jansche M.D.		23b. ADDRESS 4885 Natural Bridge	
23c. DATE SIGNED 12-5-53		23d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/7/53	
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. DEC 7 1953		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Central Funeral Home 5541 Riverview Bl.	

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

See attached letter

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 Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 3653

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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

December 18, 1953

#44315

Bureau of Vital Statistics
Municipal Courts Bldg.
St. Louis, Mo.

ANATOMICAL DIAGNOSIS

Physicians: E. A. Lansche, M.D.
Leo Gottlieb, M.D.
T. W. White, M.D.

Autopsy #. A-53-133 Service Pediatrics
Pathologist: Wm. R. Platt, M.D.

no. Bapt. Hoefn

Name: Kozuszek, Mark Died 5:15 A.M.
12-5-53.

Age: 3 years Sex: male Hosp. No. 5396

Autopsy 9:00 A.M., 12-5-53

Primary:

1. Aspiration pneumonitis, moderate.
2. Possible poliomyelitis.
3. Fatty liver.

Resume: Death in this case due to pulmonary
insufficiency, following aspiration, with
associated possible virus encephalitis.

E. A. Lansche M.D.

EAL/ic

E. A. Lansche, M.D.

