

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1803

State File No.

BIRTH NO. FILED FEB 8 1954 REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, write RURAL and give township) RURAL - MERAMEC TOWNSHIP	c. LENGTH OF STAY (in this place) 3 yrs 9 mo	c. CITY (If outside corporate limits, write RURAL and give township) 4119 FERGUSON, MISSOURI	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH'S HILL INF.		d. STREET ADDRESS (If rural, give location) 201 BROTHERTON LANE	

3. NAME OF DECEASED (Type or Print) ALBERT	a. (First)	b. (Middle)	c. (Last) KOZIAL	4. DATE OF DEATH (Month) (Day) (Year) JAN. 25 1954
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH NOV. 22 - 1875	9. AGE (In years last birthday) Months Days 79	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GARDNER	10b. KIND OF BUSINESS OR INDUSTRY INSTITUTION	11. BIRTHPLACE (State or foreign country) POLAND	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME UNKNOWN	13b. MOTHER'S MAIDEN NAME CATHERINA	14. NAME OF HUSBAND OR WIFE UNKNOWN
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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 Bro Conrad p.st. St. Jos Hill - Eureka Mo	ADDRESS Eureka Mo
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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, asthenia, 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) ARTERIOSCLEROTIC HEART		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Disease - Carcinoma of The Bladder DUE TO (c) 181X		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **MAY 24, 1950**, to **JAN. 25, 1954**, that I last saw the deceased alive on **JAN. 25, 1954**, and that death occurred at **11:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE L. Marder M.D.	(Degree or title)	23b. ADDRESS St Louis - Mo.	23c. DATE SIGNED 1/26/54
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE JAN. 28 - 54	24c. NAME OF CEMETERY OR CREMATORY ST. JOSEPH'S HILL INF.	24d. LOCATION (City, town, or county) (State) EUREKA, MISSOURI
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DATE REC'D BY LOCAL REG Jan 30 1954	REGISTRAR'S SIGNATURE Ruth Jirca	438	25. FUNERAL DIRECTOR'S SIGNATURE Shannon Tom Home	ADDRESS St Louis Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

FEB 4 1954

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 _____

John W. Bunker

Signed.....
Student Embalmer

Licensed Embalmer No. 1470

P. O. Address *Home Springs 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.