

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10192**
Registrar's No. **2287**

FILED **MAR 19 1954**
BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

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. LENGTH OF STAY (In this place) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. ANTHONY HOSPITAL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN HIGH RIDGE 05001	
		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) FRANK - KOTALIK			4. DATE OF DEATH (Month) (Day) (Year) MAR. 9 1954		
a. (First)	b. (Middle)	c. (Last)	5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH JAN. 15 1886	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	IF UNDER 60 MIN. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED DAY LABORER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) BOHEMIA C	
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME FRANK KOTALIK		13b. MOTHER'S MAIDEN NAME MARY MACHA		14. NAME OF HUSBAND OR WIFE MARY KOTALIK	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME MARY KOTALIK ADDRESS House Springs Mo	

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			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary embolism		II. OTHER SIGNIFICANT CONDITIONS** Coronary infarction, Extensive myocardial damage, Atrial fibrillation, Supraventricular premature contractions			1 day
*Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____			4 days
DUE TO (c) _____		DUE TO (c) _____			8 mos.
**Conditions contributing to the death but not related to the disease or condition causing death.					6 days
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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) None		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 **Oct. 20, 1953**, to **Mar. 9, 1954**, that I last saw the deceased alive on **Mar. 9, 1954**, and that death occurred at **10:45 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE Ms. Jemelanska (Degree or title)		23b. ADDRESS 7767 Garois Ave		23c. DATE SIGNED 3-11-54	
24a. BURIAL OR CREMATION REMOVAL (Specify) REMOVAL		24b. DATE MAR. 14 1954		24c. NAME OF CEMETERY OR CREMATORY ST. JOHN'S CEM.	
				24d. LOCATION (City, town, or county) (State) HIGH RIDGE Mo	

DATE REC'D BY LOCAL REG. MAR 11 1954		REGISTRAR'S SIGNATURE Earl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Thomas Kutis ADDRESS 2906 Garois	
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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
Student Embalmer

Signed

Leop Buddle
Licensed Embalmer No. *3989*

P. O. Address *St. Louis, 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.