

FILED MAY 12 1954

STANDARD CERTIFICATE OF DEATH

State File No. 14526

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

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1043

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis Co.</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Town Velda Village</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Town Velda Village 20</u> | |
| c. LENGTH OF STAY (In this place) <u>5 yrs</u> | | d. STREET ADDRESS (If rural, give location) <u>3119 Kemp Dr.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3119 Kemp Dr.</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 3, 1954</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ANDREW</u> | | b. (Middle) <u>L.</u> | |
| c. (Last) <u>KOSTECKI</u> | | 5. SEX <u>Male</u> | |
| 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | |
| 8. DATE OF BIRTH <u>Oct. 13, 1864</u> | | 9. AGE (In years last birthday) <u>89</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>Poland</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
| 13a. FATHER'S NAME <u>Anton KostECKI</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Luzak</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Stella KostECKI Bec.</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | |
| 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. John Kroeger, 3119 Kemp Dr.</u> | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerotic Heart Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4200</u> | |
| 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) | | 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 <u>Aug 1952</u> to <u>5-3, 1954</u> , that I last saw the deceased alive on <u>4/8, 1954</u> , and that death occurred at <u>9:00 A.M.</u> from the causes and on the date stated above. | |
| 23a. SIGNATURE <u>L. J. Haynes M.D.</u> | | 23b. ADDRESS <u>730 Hawthorn</u> | |
| 23c. DATE SIGNED <u>5/3/54</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | |
| 24b. DATE <u>May 5, 1954</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Charles Cem.,</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>DeBois, Illinois</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Clark</u> | |
| 25. FUNERAL DIRECTOR'S ADDRESS <u>1125 Hodiarnont Ave.,</u> | | DATE REC'D BY LOCAL REG. <u>5/4/54</u> | |
| REGISTRAR'S SIGNATURE <u>Richard R. Stankem</u> | | 5. FUNERAL DIRECTOR'S SIGNATURE <u>W. Clark</u> | |

Dr. Hayden
730 Hodiament Ave.,

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.....

Alfred J. Basler

Licensed Embalmer No. 2663

Signed.....
Student Embalmer

P. O. Address 1125 Hodiament Ave.

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.