No. 300
10-48

FILED JUN 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17525

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1201

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Affton
c. LENGTH OF STAY (in this place) 1 YEAR
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 7500 General Sherman Dr

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY St. Louis
c. CITY OR TOWN Affton 482 0
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 7500 General Sherman Dr

3. NAME OF DECEASED (Type or Print) a. (First) Edmund b. (Middle) M. c. (Last) Kobylinski

4. DATE OF DEATH (Month) (Day) (Year) May 22 1954

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Dec. 5, 1911
9. AGE (In years last birthday) 42 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Forman
10b. KIND OF BUSINESS OR INDUSTRY Mellonckrot
11. BIRTHPLACE (City and State or Foreign Country) St Louis Mo 0
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Tadeusz Kobylinski
13b. MOTHER'S MAIDEN NAME Stella Michalski
14. NAME OF HUSBAND OR WIFE Hazel Kobylinski

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. 490-03-4231
17. INFORMANT'S SIGNATURE OR NAME Mrs H. Kobylinski — ADDRESS 7500 Gen. Sherman

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary artery Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 30 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive cardiovascular disease — 4 yrs
DUE TO (c) Arteriosclerotic heart disease — 1 month

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NO
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) NO m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* Jan, 1954, *to* May 22, 1954, *that I last saw the deceased alive on* May 22, 1954, *and that death occurred at* 3:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) N. P. Knowlton M.D.
23b. ADDRESS 3720 Washington Blvd St Louis, Mo
23c. DATE SIGNED 5/22/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE May 25 1954
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis Missouri

DATE REC'D BY LOCAL REG. 5/24/54
REGISTRAR'S SIGNATURE Herbert R. Lomkey
25. FUNERAL DIRECTOR'S SIGNATURE John Stygar & Son — ADDRESS 5541 Riverview Bl.

(Licensed Embalmer's Statement on Reverse Side)

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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. Allen Davis

Licensed Embalmer No. 46

P. O. Address

May 21-1954

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.