

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9829**  
Registrar's No. **1985**

FILED MAR 18 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>ST. LOUIS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. JOHN'S HOSPITAL</b>					
STREET ADDRESS (If rural, give location) <b>4436 RED BUD ST.</b>					

3. NAME OF DECEASED (Type or Print) <b>ADAM KOSINSKI</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MAR. 1 1955</b>		
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>MAR. 22, 1880</b>		9. AGE (In years last birthday) <b>74</b>		10. IF UNDER 14 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PAINT SPRAYER</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>CENTURY ELECT. CO.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>POLAND</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>MATTHEW KOSINSKI</b>		13b. MOTHER'S MAIDEN NAME <b>SOPHIA CZYKOWSKI</b>		14. NAME OF HUSBAND OR WIFE <b>VERONICA KOSINSKI</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>GEORGE KOSINSKI 4436 RED BUD</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>arteriosclerotic heart disease with paroxysmal fibrillation and congestive heart failure.</b>		DUE TO (b) <b>and congestive heart failure.</b>				DUE TO (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.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Alimentary embolism?</b>				Term.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4200</b>	

22. I hereby certify that I attended the deceased from **Feb 21, 1955**, to **Mar 1, 1955**, that I last saw the deceased alive on **Mar 1, 1955**, and that death occurred at **1:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>[Signature]</b>		23b. ADDRESS <b>6344 Grand</b>		23c. DATE SIGNED <b>3/2/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>3/4/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEMETERY</b>	
				24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO.</b>	

DATE REC'D BY LOCAL REG. <b>MAR 2 1955</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>JOHN STYGAR &amp; SON 5541 Riverview Bl</b>	
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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 embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

*J. M. Puster*

Licensed Embalmer No. 3980

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.