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

FILED APR 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10999

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 3222

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Mo.
c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Alexian Brothers Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): East St. Louis

d. STREET ADDRESS (If rural, give location): 767 Post Place

8120 8

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle):
c. (Last): Kowalik

4. DATE OF DEATH (Month) (Day) (Year): Mar. 28, 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 16, 1895
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months 5, Days 12 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tavern Operator
10b. KIND OF BUSINESS OR INDUSTRY: Tavern
11. BIRTHPLACE (City and State or Foreign Country): Poland
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Adam Kowalik
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Catherine Godawa Kowalik

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.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Catherine Kowalik (Wife)

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) Cerebral Embolus & Left Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 hours.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatic Heart Disease — 5 yrs.
DUE TO (c) Nephrosclerosis & Uremia — 1 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Passive Congestion of Liver & generalized arteriosclerosis — 3 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 331+
20. AUTOPSY? YES [4] NO [ ]

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) 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* 9/1/53, 19__, *to* 3/28/, 1956, *that I last saw the deceased alive on* 3/28/56, 19__, *and that death occurred at* 8:15 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S. J. Ciopciak MD
23b. ADDRESS: 1901 Madison St.
23c. DATE SIGNED: 3/30/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 2, 1956
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: MAR 30 1956
REGISTRAR'S SIGNATURE: J. Carl Smith MD MJB
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Ben Kosakowski 2205 St. Louis Ave.

(Licensed Embalmer's Statement on Reverse Side)

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~~ Me

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed G W Wilkinson

Licensed Embalmer No. 3571

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.