

FILED MAR 5 - 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007458
STATE FILE NUMBER

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2109

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, give TOWNSHIP only) OR TOWN St Louis		c. CITY OR TOWN St Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Alexian Bros		d. STREET ADDRESS (If outside, give location) 2370 2000 Allen Ave	
3. NAME OF DECEASED (Type or print) First Middle Last Emil Kozel		4. DATE OF DEATH Month Day Year Feb 21 1958	
5. SEX <input checked="" type="checkbox"/> Male	6. COLOR OR RACE White	7. <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	8. DATE OF BIRTH Nov 10 1884
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		9b. KIND OF BUSINESS OR INDUSTRY Butcher	9. AGE (In years last birthday) 73
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Butcher	11. BIRTHPLACE (City and state or country) Czechoslovakia
12. CITIZEN OF WHAT COUNTRY? U S		13. FATHER'S NAME John Kozel	
14. MOTHER'S MAIDEN NAME Unknown		15. NAME OF HUSBAND OR WIFE Ludmila	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		17. SOCIAL SECURITY NO.	
18. INFORMANT Ludmila Kozel 2000 Allen Ave		19. ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Rupture of atherosclerotic plaque of arch of the aorta</i>			INTERVAL BETWEEN ONSET AND DEATH <i>2 days</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>arterio-sclerosis</i>			<i>15 mo.</i>
DUE TO (c) <i>Pulmonary embolism</i>			<i>2 yrs.</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Myocarditis Ch. Chondritis Liver</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> None <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year None		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>Jan. 17 1958</i> to <i>Feb. 21 1958</i> and last saw her/him alive on <i>Feb. 21 1958</i> Death occurred at <i>3000 Park 21-1958</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Paul Calambek, M.D.</i>		22b. ADDRESS <i>2767 Laramie Ave St Louis Mo</i>	
22c. DATE SIGNED <i>2-21-58</i>		23. NAME OF CEMETERY OR CREMATORY <i>S S Peter & Paul Cem</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>2/24/58</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>S S Peter & Paul Cem</i>		23d. LOCATION (City, town, or county) (State) <i>St Louis Missouri</i>	
24. FUNERAL DIRECTOR <i>Moydell Funeral Home 1926 Allen</i>		25. DATE RECD. BY LOCAL REG. <i>FEB 21 1958</i>	
26. REGISTRAR'S SIGNATURE <i>Paul Smith M.D.</i>		27. ADDRESS	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms or signs of any disease in Part I must be causally related.

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
Signature of Student Embalmer

Signed George J. Suabada.....

Licensed Embalmer No. 4899.....

P. O. Address 1926 Albu.....

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.