

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-016042

STATE FILE NUMBER 3969

FILED APR 18 1958

318

1003

Registration District No. Primary Registration District No. Registrar's No.

health, Welfare Public Service  
300 1-56  
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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		Inside Limits Yes# No□		c. CITY OR TOWN St. Louis		Inside Limits Yes# No□			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 14 Jewish Hospital			Length of stay in lb 3 Hrs.		d. STREET ADDRESS 5228 Alcott		Reside on Fgym Yes□ No#		
3. NAME OF DECEASED (Type or print) First Middle Last Joseph B. Kotowski				4. DATE OF DEATH Month Day Year April 9, 1958					
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED # NEVER MARRIED □ WIDOWED □ DIVORCED □		8. DATE OF BIRTH March 10, 1902		9. AGE (In years last birthday) 56		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Detective			10b. KIND OF BUSINESS OR INDUSTRY Pinkerton Agency		11. BIRTHPLACE (City and state or country) Poland 4		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Benedict Kotowski				14. MOTHER'S MAIDEN NAME Unknown					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No		16. SOCIAL SECURITY NO. 488 09 3252		17. INFORMANT Address Edna Kotowski 5228 Alcott Ave.					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebro-Vascular Accident Hypertension Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hyperextension DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 3312							INTERVAL BETWEEN ONSET AND DEATH 1 day ? year		
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input 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 a. m. p. m.									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 4-8-58		20f. CITY, TOWN, OR LOCATION St. Louis		COUNTY		STATE	
21. I attended the deceased from 4-8-58 to 4-9-58 and last saw him alive on 4-9-58 Death occurred at Jewish Hosp 6:30 AM on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Albert Kaplan (Degree, or title) Albert Kaplan M.D.				22b. ADDRESS 607 N. Grand			22c. DATE SIGNED 4-9-58		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/12/58	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery			23d. LOCATION (City, town, or county) (State) St. Louis Mo.			
24. FUNERAL DIRECTOR Collier Mortuary, St. Ann, Mo.				25. DATE RECD. BY LOCAL REG. APR 9 '58		26. REGISTRAR'S SIGNATURE Carl Smith M.D.			

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 *Sheldon Collie*.....

Licensed Embalmer No. *33*

P. O. Address *St. Paul*

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