

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-027687  
State File No.

FILED JUL 21 1958

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 542 Registrar's No. 1798

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

|  |                               |  |  |
|--|-------------------------------|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>  |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>  |  |
| b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Ferguson</b>   |                               | c. CITY (If outside corporate limits, write RURAL and give township) <b>Ferguson</b>   |  |
| c. LENGTH OF STAY (in this place) <b>4 yrs</b>   |                               | d. STREET ADDRESS (If rural, give location) <b>139 Anabel Ave.</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>139 Anabel Ave.</b>   |                               |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Edward</b> b. (Middle) <b>A.</b> c. (Last) <b>Kowalski</b>  |                               | 4. DATE OF DEATH (Month) (Day) (Year) <b>7/6/58</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>10/14/09</b>                                     |
| 9. AGE (In years last birthday) <b>48</b>  |                               | 10. KIND OF BUSINESS OR INDUSTRY <b>Supt. Transportation Airline Trans</b>   | 11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  |                               | 12. CITIZEN OF WHAT COUNTRY?   |  |
| 13a. FATHER'S NAME <b>Anthony J. Kowalski</b>  |                               | 13b. MOTHER'S MAIDEN NAME <b>Laura L. Eilmann</b>  |  |
| 14. NAME OF HUSBAND OR WIFE <b>Pauline Faulstich</b>   |                               |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>   |                               | 16. SOCIAL SECURITY NO. <b>497-07-1878</b>   |  |
| 17. INFORMANT'S SIGNATURE OR NAME <b>Pauline Kowalski</b>  |                               | ADDRESS <b>139 Anabel Ave.</b>   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i> |                               | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Strangulation by ligature</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>974X</b> |  |
| 19a. DATE OF OPERATION   |                               | 19b. MAJOR FINDINGS OF OPERATION   |  |
| 20. AUTOPSY? <b>2</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |                               |  |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Open Verdict</b>   |                               | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>basement of home</b>   |  |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Ferguson St. Louis Missouri</b>   |                               |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) <b>July 6, 1958</b>   |                               | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>  |  |
| 21f. HOW DID INJURY OCCUR? <b>Body found hanging in basement of home</b>   |                               |  |  |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.        |                               |  |  |
| 23a. SIGNATURE <b>Raymond H. Kaniel</b> (Degree or title) <b>Coroner</b>   |                               | 23b. ADDRESS <b>Clayton, Mo.</b>   |  |
| 23c. DATE SIGNED <b>7/11/58</b>  |                               |  |  |
| 24a. BURIAL, CREMATION OR REMOVAL (Specify) <b>Burial</b>  |                               | 24b. DATE <b>7/10/58</b>   |  |
| 24c. NAME OF CEMETERY OR CREMATORY <b>Zion Cemetery</b>  |                               | 24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>   |  |
| DATE REC'D BY LOCAL REG. <b>7-7-58</b>   |                               | REGISTRAR'S SIGNATURE <b>Herbert B. Sombeck</b>  |  |
| 25. FUNERAL DIRECTOR'S SIGNATURE <b>White-Mullen</b>   |                               | ADDRESS <b>118 N. Florissant Rd</b>  |  |

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 .....  
Student Embalmer

Signed Eleana Rovine

Licensed Embalmer No. 3403

P. O. Address Jennings Rd

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