

# JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-042818

STATE FILE NUMBER

ENDED

VS DEC 3 1959 317

Primary Registration District No. 542

Registrar's No. 3025

|   |  |  |  |   |  |   |  |  |                         |   |  |  |  |
|---|--|--|--|---|--|---|--|--|-------------------------|---|--|--|--|
| <b>1. PLACE OF DEATH</b><br>a. COUNTY <b>St. Louis</b>  |  |  |  | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>                            |  |   |  |  |                         |   |  |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Ferguson</b>   |  | Length of stay in 1b <b>5 1/2 Yrs.</b>   |  | c. CITY OR TOWN <b>Ferguson</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>            |  |  |                         |   |  |  |  |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>23 Colchester Dr.</b>  |  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   | d. STREET ADDRESS (If outside, give location) <b>23 Colchester Dr.</b> |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |  |                         |   |  |  |  |
| <b>3. NAME OF DECEASED</b> (Type or print) First <b>Paul</b> Middle <b>Anthony</b> Last <b>Kulikowski</b>   |  |  |  | <b>4. DATE OF DEATH</b> Month <b>11</b> Day <b>14</b> Year <b>1959</b>  |  |   |  |  |                         |   |  |  |  |
| <b>5. SEX</b><br><b>Male</b>  |  | <b>6. COLOR OR RACE</b><br><b>White</b>  |  | <b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |  | <b>8. DATE OF BIRTH</b><br><b>10/6/06</b>   |  | <b>9. AGE (last birthday)</b><br><b>53</b>   |                         | IF UNDER 1 YEAR<br>Months _____ Days _____          |  | IF UNDER 24 HR<br>Hours _____ Min. _____ |  |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)<br><b>Painter</b>  |  |  |  | <b>10b. KIND OF BUSINESS OR INDUSTRY</b><br><b>Carter Carburetor</b>  |  |   |  | <b>11. BIRTHPLACE</b> (City and state or country)<br><b>St. Louis, Mo.</b>   |                         | <b>12. CITIZEN OF WHAT COUNTRY</b><br><b>U.S.A.</b> |  |  |  |
| <b>13a. FATHER'S NAME</b><br><b>Konstanty Kulikowski</b>  |  |  |  | <b>13b. MOTHER'S MAIDEN NAME</b><br><b>Josephine Orlick</b>   |  |   |  | <b>14. NAME OF HUSBAND OR WIFE</b><br><b>-</b>   |                         |   |  |  |  |
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b><br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |  |  |  | <b>16. SOCIAL SECURITY NO.</b><br><b>493-09-1092</b>  |  | <b>17. INFORMANT</b> Address<br><b>John J. Kulikowski, 23 Colchester</b>                        |  |  |                         |   |  |  |  |
| <b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>UNKNOWN NATURAL CAUSES</b>  |  |  |  |   |  |   |  |  |                         | INTERVAL BETWEEN ONSET AND DEATH                    |  |  |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  |  |  |  |   |  |   |  |  |                         | DUE TO (b) _____<br>DUE TO (c) _____                |  |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)   |  |  |  |   |  |   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                         |   |  |  |  |
| <b>19. WAS AUTOPSY PERFORMED?</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  | <b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/> |  | <b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)   |  |   |  |  |                         |   |  |  |  |
| <b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m.   |  | Month, Day, Year _____   |  | <b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>  |  | <b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) |  | <b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE   |                         |   |  |  |  |
| <b>21. I attended the deceased from _____ to _____ and last saw her/him alive on _____.</b><br>Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. |  |  |  |   |  |   |  |  |                         |   |  |  |  |
| <b>22a. SIGNATURE</b> (Degree or title)<br><i>John C. Murphy, M.D., Asst. Comm. of Health</i>   |  |  |  |   | <b>22b. ADDRESS</b><br><b>801 So. Brentwood, Clayton</b>               |   |  |  | <b>22c. DATE SIGNED</b> |   |  |  |  |
| <b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b><br><b>removal</b>  |  | <b>23b. DATE</b><br><b>11/18/59</b>  |  | <b>23c. NAME OF CEMETERY OR CREMATORY</b><br><b>Calvary Cemetery</b>  |  |   | <b>23d. LOCATION</b> (City, town, or county) (State)<br><b>St. Louis Mo.</b> |  |                         |   |  |  |  |
| <b>24. FUNERAL DIRECTOR</b> ADDRESS<br><b>Drehmann-Harral 1905 Union Blvd.</b>  |  |  |  |   | <b>25. DATE RECD. BY LOCAL REG</b><br><b>11-16-59</b>                  |   | <b>26. REGISTRAR'S SIGNATURE</b><br><i>John C. Murphy, MD</i>                |  |                         |   |  |  |  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Albert R. Thompson

Licensed Embalmer No. 4237

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.