

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-034582

AMENDED

REGISTERED DISTRICT NO. 318

PRIMARY REGISTRATION DISTRICT NO. 1003

REGISTRAR'S NO. 8238

STATE FILE NUMBER

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		a. STATE <b>Missouri</b>	b. COUNTY <b>St. Louis</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Incarinate Word Hospital</b>		c. CITY OR TOWN <b>Northwoods</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Length of stay in 1b <b>6 1/2 weeks</b>		d. STREET ADDRESS <b>4403 June Dr.</b>	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>JOHN JOSEPH KULIK SR.</b>			4. DATE OF DEATH Month Day Year <b>September 3 1961</b>
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10/14/1879</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>coal miner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Mining</b>	9. AGE (last birthday) <b>81 years</b>
13a. FATHER'S NAME <b>Michael Kulik</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Ann Hanzlik</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
14. NAME OF HUSBAND OR WIFE <b>Helen Kulik</b>		11. BIRTHPLACE (City and state or country) <b>Poland</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		17. INFORMANT Address <b>Mary A. Roberts - 4403 June Ave.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>ATHEROSCLEROTIC HEART DISEASE</b>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<b>720.0</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>BLEEDING DUODENAL ULCER</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 a.m. p.m. Month, Day, Year	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.)		20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <b>FEB. 11, 1961</b> to <b>DATE</b> and last saw her/him alive on <b>SEP. 3, 1961</b> Death occurred at <b>3:40</b> p. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>R. E. Williamson MD</b>		22b. ADDRESS <b>6336 CLAYTON ROAD -</b>	22c. DATE SIGNED <b>SEP. 5 1961</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>Sept. 6, 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Galvary Cemetery</b>	23d. LOCATION (City, town, or county) <b>St. Louis Missouri</b>
24. FUNERAL DIRECTOR <b>BUCHHOLZ MORTUARY-5967 W. Florissant Ave</b>	25. DATE RECD. BY LOCAL REG. <b>SEP 5 1961</b>	26. REGISTRAR'S SIGNATURE <b>Roan Smith, M.D.</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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Ralph E. Lindler

Licensed Embalmer No. 4275

P. O. Address St. Louis, Mo.

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.