

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

~~62-004061~~
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **1028**

AMENDED

FILED FEB 2 1962

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived... If institution: Residence before admission) a. STATE MO. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		c. CITY OR TOWN ST. LOUIS	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL		d. STREET ADDRESS (If outside, give location) 6038 MARDEL AVE	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last ARTHUR KOSHELNICK			4. DATE OF DEATH Month Day Year JAN 20 1962			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH NOV 30 1885	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FOREMAN SCHLEICHER PAPER BOX	10b. KIND OF BUSINESS OR INDUSTRY WISCONSIN	11. BIRTHPLACE (City and state or country) U-S-A	12. CITIZEN OF WHAT COUNTRY
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13a. FATHER'S NAME FRED KOSHELNICK	13b. MOTHER'S MAIDEN NAME MARY LOEWENDOFESKE	14. NAME OF HUSBAND OR WIFE THERESA KOSHELNICK
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO.	17. INFORMANT Address THERESA KOSHELNICK 6038 MARDEL
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18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion (Purpura)		INTERVAL BETWEEN ONSET AND DEATH death
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 4201		
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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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
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21. I attended the deceased from 1955 to 1-20-62 and last saw her/him alive on 1-20-62 Death occurred at 11:55 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE Ralph Berg MD (Degree or title)	22b. ADDRESS 32038 Grand	22c. DATE SIGNED 1/23/62

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE JAN 24 1962	23c. NAME OF CEMETERY OR CREMATORY MOUNT HOPE CEMETERY ST. LOUIS CO.	23d. LOCATION (City, town, or county) (State) MO.
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24. FUNERAL DIRECTOR ADDRESS Thomas Kutia 2906 Gravois	25. DATE RECD. BY LOCAL REG. JAN 23 1962	26. REGISTRAR'S SIGNATURE Paul Smith, MO
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 4-9-
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 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 J. G. Humphrey

Licensed Embalmer No. 4772

P. O. Address 2906 Grove

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.