

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-036375

318

1003

9424

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318**
FILED OCT 11 1962

Primary Registration District No. **1003**

Registrar's No.

9424

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis Length of stay in 1b

c. CITY OR TOWN Creve Couer Inside Limits Yes No

c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 4 Country Fair Lane Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last Leonard S. Kosakowski

4. DATE OF DEATH Month Day Year 9 30 1962

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced

8. DATE OF BIRTH 11-8-1922 9. AGE (last birthday) 39

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) Executive

10b. KIND OF BUSINESS OR INDUSTRY Finance

11. BIRTHPLACE (City and state or country) Gillespie, Illinois

12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Ben Kosakowski 13b. MOTHER'S MAIDEN NAME Estelle Szydlowski

14. NAME OF HUSBAND OR WIFE Dorothy Boczek

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. [redacted]

17. INFORMANT Address Dorothy Kosakowski 4 Country Fair Lane

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio-sclerotic coronary artery thrombosis

DUE TO (c) 4201

INTERVAL BETWEEN ONSET AND DEATH 8 days

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. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

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 NOT WHILE AT WORK

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 9/21/62 to 9/30/62 and last saw him alive on 9/30/62

Death occurred at 7:35 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Edward W. Gabinski, MD

22b. ADDRESS 3701 Grand St

22c. DATE SIGNED 10/2/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 10-3-62

23c. NAME OF CEMETERY OR CREMATORY Calvary

23d. LOCATION (City, town, or county) (State) St. Louis, Missouri

24. FUNERAL DIRECTOR ADDRESS ST. LOUIS FUNERAL HOME

25. DATE RECD. BY LOCAL REG. OCT 2 1962

26. REGISTRAR'S SIGNATURE Neal Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

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 Harvey Fable

Licensed Embalmer No. 4596

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.