

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-041682

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **10727** STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED
222

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS (INSTEAD OF)

75

ITEM NO. SHOULD READ

BY AFFIDAVIT OF DOCUMENT

FILED NOV 7 1963

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, MO.** Length of stay in 1b

c. CITY OR TOWN **St. Louis** Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **ST. LOUIS CITY HOSP. I** Inside Limits Yes No d. STREET ADDRESS (If outside, give location) **2701 Park Ave.** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last **CYRIL John KOTRABA** 4. DATE OF DEATH Month Day Year **10 28 63**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **Mar 20 1919** 9. AGE (last birthday) **44** 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) **Meat cutter** 10b. KIND OF BUSINESS OR INDUSTRY **Meat** 11. BIRTHPLACE (City and state or country) **St. Louis Mo** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **John Kotraba** 13b. MOTHER'S MAIDEN NAME **Helen Kallauener** 14. NAME OF HUSBAND OR WIFE **-**

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) **Yes** (If yes, give war or dates **WW # 2**) 16. SOCIAL SECURITY NO. **75** 17. INFORMANT **Joseph Kotraba** Address **3300 a Miami**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Myocardial Infarction**
Arteriovascular Heart Disease
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **4200**
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. 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 **10-19-63** to **10-28-63** and last saw her/him alive on **10-28-63**. Death occurred at **8:10 pm** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree & title) **Arthur P. Smith MD** 22b. ADDRESS **1515 LAFAYETTE AVE.** 22c. DATE SIGNED **10-28-63**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **Oct 31 1963** 23c. NAME OF CEMETERY OR CREMATORY **National** 23d. LOCATION (City, town, or county) (State) **Jefferson Barracks Mo.**

24. FUNERAL DIRECTOR **E.J. Schnur** ADDRESS **3125 Lafayette** 25. DATE RECD. BY LOCAL REG. **OCT 29 1963** 26. REGISTRAR'S SIGNATURE **Loan Smith. MD.**

STEIN
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 _____

JWB

Licensed Embalmer No. _____

3653

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.