

FILED JUN 16 1949

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21695**
Registrar's No. **4919**

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 21695		Registrar's No. 4919			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY 019							
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		179					
d. FULL NAME OF HOSPITAL OR INSTITUTION 4028 Kennerly				d. STREET ADDRESS (If rural, give location) 71 - 4028 Kennerly							
3. NAME OF DECEASED (Type or Print) a. (First) Jahn			b. (Middle) Skozec			c. (Last) Skozec			4. DATE OF DEATH (Month) (Day) (Year) 6 - 4 - 49		
5. SEX M.		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 2-6-1878		9. AGE (In years last birthday) Months Days 71		IF UNDER 1 YEAR Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown			10b. KIND OF BUSINESS OR INDUSTRY unknown			11. BIRTHPLACE (State or foreign country) Poland			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Adam Skozec			13b. MOTHER'S MAIDEN NAME Julia			14. NAME OF HUSBAND OR WIFE Julia					
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'S SIGNATURE OR NAME Stephen T. Skozec			ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage (Left)						INTERVAL BETWEEN ONSET AND DEATH 1 day	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis						2 years	
				DUE TO (c) _____							
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis						2 years	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis 019						
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? H370						
22. I hereby certify that I attended the deceased from May 20, 1947 , to June 4, 1949 , that I last saw the deceased alive on June 4, 1949 , and that death occurred at 9:00 m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) Anthony A. Prekavich M.D.					23b. ADDRESS 1525 a Cass Ave			23c. DATE SIGNED 6-6-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-7-49		24c. NAME OF CEMETERY OR CREMATORY Calvary			24d. LOCATION (City, town, or county) (State) St. Louis				
DATE REC'D BY LOCAL OFFICE JUN 6 1949		REGISTRAR'S SIGNATURE J. B. Rosalen			25. FUNERAL DIRECTOR'S SIGNATURE St. Louis Funeral Home			ADDRESS 2205 St. Louis ave			

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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
Student Embalmer

Signed *Clarence M. Meany*

Licensed Embalmer No. *3732*

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 this body is not embalmed, fact should be so stated above.