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FILED MAY 8 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14675**
3867
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) 3241 Delor St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Hospital			

3. NAME OF DECEASED a. (First) Genevieve (Type or Print)			b. (Middle)		c. (Last) Kozemski		4. DATE OF DEATH April 15, 1956 (Month) (Day) (Year)		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH January 3, 1876		9. AGE (In years last birthday) 80	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME Albert Kilanowicz		13b. MOTHER'S MAIDEN NAME Appolonia Wisniewski		14. NAME OF HUSBAND OR WIFE Frank Kozemski	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mr. Edmund Kozemski	
				ADDRESS 3241 Delor St.	

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.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy - right sided Hemiplegia ANTECEDENT CAUSES arterio-sclerosis DUE TO (b) also - Duodenal ulcers DUE TO (c) Inflammatory lesion of right lung with cavity and cerebral abscess, probably of fungous etiology				INTERVAL BETWEEN ONSET AND DEATH 1 wk. 2 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)			

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? 334X		
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22. I hereby certify that I attended the deceased from **Jan 1956** to **Apr 15, 56**, that I last saw the deceased alive on **Apr 15, 1956** and that death occurred at **11:05 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE George A. O'Sullivan, M.D. (Degree or title)		23b. ADDRESS 421 W. Schumer St.		23c. DATE SIGNED 4-18-56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/19/56		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County	
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DATE REC'D BY LOCAL REG. APR 18 1956		REGISTRAR'S SIGNATURE J. Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary		ADDRESS 2842 Meramec St.	
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(Licensed Embalmer's Statement on Reverse Side)

St. Louis 18 Missouri

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

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 Me, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Joe B. Benz
Licensed Embalmer No. 424

P. O. Address 2842 Meramec
St. Louis 18 Missouri

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.