

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

13603

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **St Louis** (No. **City Hospital**)  
 File No. **3941**  
 Registered No. **3941** St. .... Ward

**2. FULL NAME**

(a) Residence. No. **1073 Chauchey St. 26** Ward. (If nonresident give city or town and State)  
 (Usual place of abode)

Length of residence in city or town where death occurred **21** yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Aug 16-1857**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**69** | **8** | **8**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Mechanic**  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

10. NAME OF FATHER **Nicholas Krechtain**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

12. MAIDEN NAME OF MOTHER **Anna Bartaly**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

14. INFORMANT (Address) **City Hospital**

15. FILED **APR 26 1927** **May 6 Staroff** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **April 24 1927**

17. I HEREBY CERTIFY That I attended deceased from **March 29 1927** to **April 24 1927** that I last saw him alive on **April 23 1927** and that death occurred, on the date stated above, at **9:30 P.M.**

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**Chronic Myocarditis**  
**931**  
**90B**  
 (duration) yrs. mos. ds.  
 CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS? **Hosler's method**

(Signed) **W.S. Staroff** M.D.

(Address) **City Hospital**

\*State the DISEASE CAUSING DEATH, of in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **St Johns North** DATE OF BURIAL **April 26 1927**

20. UNDERTAKER **Hy Leidner** ADDRESS **Mad Co. N Market St**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Kochbaum