WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

28744

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. City Hospital St. ..... Ward)

File No. ..... Registered No. 8285

2. FULL NAME 7674 Joseph Koforank

(a) Residence. No. 2713 Armand 23 Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 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): Unknown

7. AGE: Abt 68 Years | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Chiropractor

(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): Austria

PARENTS

10. NAME OF FATHER: Joseph Koforank

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Austria

12. MAIDEN NAME OF MOTHER: Unknown Duska

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Austria

14. INFORMANT: E Rowan (Address) City Hospital

15. FILED SEP 17 1927 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 16 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1927 to Sept 16, 1927 that I last saw him alive on Sept 16, 1927 and that death occurred, on the date stated above, at 12 o'clock

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral hemorrhage

Apoplexy

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Arterio sclerosis

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 7401

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Edmund R Sheridan M.D.

9/16, 1927 (Address) City Hospital

*State the DISEASE CAUSING DEATH, or 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: Mo. Crematory

DATE OF BURIAL: Sep 18 1927

20. UNDERTAKER: [illegible]

ADDRESS: 2115 California

Hofosant