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

Do not use this space.

File No. 29082

Registered No. 8671

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St Louis. (No. 2111 Allen av St. ..... Ward)

2. FULL NAME Joseph F. Duchek

(a) Residence. No. 2111 Allen av St., 73 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S., if of foreign birth? 50 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Agnes Duchek

6. DATE OF BIRTH (MONTH, DAY AND YEAR) about 1857

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ..... min.
about 70			

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Tailor
(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) Bohemia

PARENTS

10. NAME OF FATHER Barta Duchek

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Agnes Duchek
(Address) 2111 Allen av

15. FILED SEP 29 1927 Max G Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 27 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 18, 1927, to Sept 27, 1927, that I last saw him alive on Sept 26, 1927, and that death occurred, on the date stated above, at 6 30 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hemorrhage
(Pneumonia)

114B (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Senile Myocarditis (duration) ..... yrs. ..... mos. 9 ds.

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) C S Mayo, M. D

9-28, 1927 (Address) 22 N 8 St Jefferson

*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	DATE OF BURIAL
Missouri Crematory	Sept 29 1927

20. UNDERTAKER	ADDRESS
W. L. Moydell	1926 Allen av

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.