

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

Do not use this space.

1928

1. PLACE OF DEATH

County ST. LOUIS
Township CARONDELET
City (No. 1118)

Registration District No. 1123
Primary Registration District No. 6248
Lemay Ferry Rd.

File No. 34653
Registered No. 379
St. _____ Ward _____

2. FULL NAME

Joseph A. Krizek
(a) Residence No. 1118 Lemay Ferry Rd. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. 19 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 22 - 27

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
3 19

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) none
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER Louis Krizek

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

12. MAIDEN NAME OF MOTHER Ida Stoll

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

14. INFORMANT Louis Krizek
(Address) 1118 Lemay Ferry Rd.

15. FILED Nov 12 27 L. C. Obrock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 11 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 5th 1927, to Nov 11 1927, that I last saw him alive on Nov 11 1927, and that death occurred, on the date stated above, at 11/31 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Endocarditis
AAA
AAA
_____ (duration) yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Acute Bronchopneumonia
_____ (duration) yrs. _____ mos. _____ ds.

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

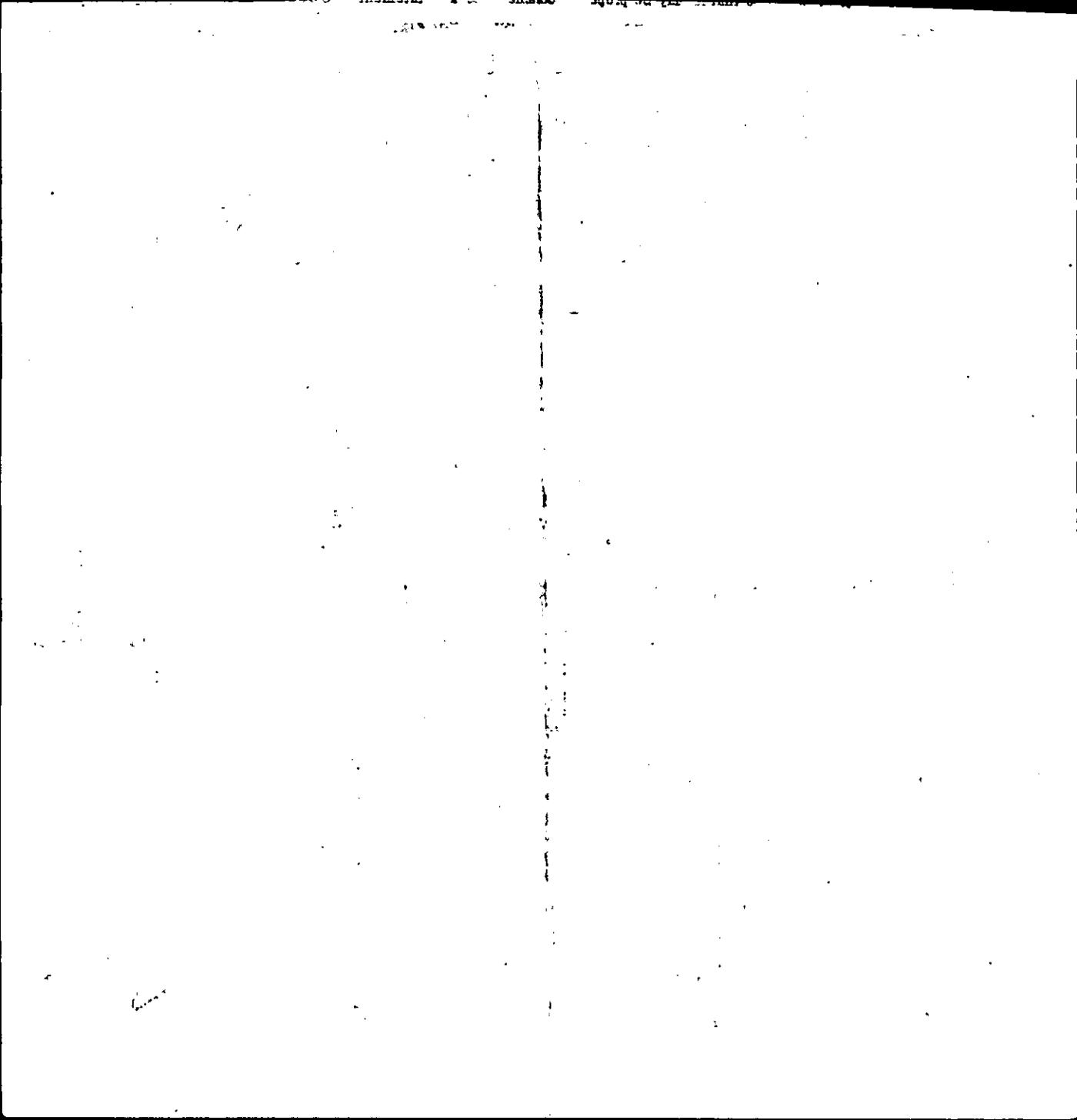
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signature) A. A. Mulach M. D.
, 19 (Address) 7405 Mich. av.

*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 St Peter & Paul DATE OF BURIAL Nov 14 1927

20. UNDERTAKER Har. L. Moy dell ADDRESS 1926 Allen



5-34653