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

Do not use this space.
2559

1. PLACE OF DEATH

County..... Registration District No. 791

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

File No.....

Registered No. 111

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

2. FULL NAME Joe Pokorny

(a) Residence. No. 1512 10 St., 23 Ward.....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 23 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) Feb. 28th 1865

7. AGE: Years 62 | Months 10 | Days 6 | If LESS than 1 day, ....hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(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 Frank Pokorny

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

12. MAIDEN NAME OF MOTHER Not Known

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

14. INFORMANT City Hospital
(Address) City Hospital

15. FILED JAN - 4 1928 19.... May C. Starkloff REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 3 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 3, 1928 to Jan 3, 1928 that I last saw him alive on Jan 3, 1928, and that death occurred, on the date stated above, at 5:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar pneumonia
1 DS
9 DS (duration).....yrs.....mos.....ds.

CONTRIBUTORY (SECONDARY) Chronic myocarditis (duration).....yrs.....mos.....ds.

18. WHERE WAS DISEASE CONTRACTED? Hotel
IF NOT AT PLACE OF DEATH?.....
DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
WAS THERE AN AUTOPSY?.....
WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) Henry C. Westerman, M. D
Jan 4, 1928 (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: St Peter & Pauls | DATE OF BURIAL: Jan 6th 1928

20. UNDERTAKER: J. H. Gebhart L. & U. Co | ADDRESS: 2628 Gravois Ave

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.

WHITE LABEL, WITH ONGOING INKLINGS IS A PERMANENT RECORD

Pokorny.