

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

Do not use this space.

3581

**1. PLACE OF DEATH**

County.....

Registration District No. 791

File No. ....

Township.....

Primary Registration District No. 1003

Registered No. 1244

City St. Louis, Mo. (No. 5452 Dresden)

Ward.....

St. .... Ward.....

**2. FULL NAME**

Frank Ternety

(a) Residence No. 5452 Dresden St. 2 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**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) June 5-1873

7. AGE: YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
54 7 26

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Steam Fitter  
(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) Wisconsin

10. NAME OF FATHER Frank Ternety

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

12. MAIDEN NAME OF MOTHER Josephine Novak

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

14. INFORMANT Emma Ternety (Address) 5452 Dresden Ave.

15. FFS FILED 2 1928 Max C. Work REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 31- 1928

17. I HEREBY CERTIFY That I attended deceased from January 29, 1928, to Jan. 31, 1928 that I last saw him alive on Jan. 30, 1928, and that death occurred, on the date stated above, at 11:26 a.m.

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

16 (duration) yrs. mos. 3 da.

CONTRIBUTORY (SECONDARY) 1010 (duration) yrs. mos. da.

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

19. DID AN OPERATION PRECEDE DEATH? No DATE OF.....  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) Francis T. Schaller, M. D.  
1/31, 1928 (Address) 6209 Gravois

\*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 New Picken Cem. DATE OF BURIAL Feb. 3 1928

20. UNDERTAKER Ziegenheim Box 2623 Cherokee ADDRESS

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.

DEPARTMENT RECORD

