

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

Do not use this space.

11318

1. PLACE OF DEATH

County.....

Registration District No. 791

File No.

Township.....

Primary Registration District No. 1003

Registered No. 3156

City St. Louis, Mo. (No. St. Louis Children's Hospital St. Ward)

2. FULL NAME

Matthew Ratzka

(a) Residence. No. 219 Duchesne St., 23 Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred life 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)

Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-17-15

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>12</u>		<u>11</u>	<u>3</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Matthew Ratzka

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

12. MAIDEN NAME OF MOTHER Elizabeth Schodde

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

14. INFORMANT G. Hiemenz
(Address) 500 S Kings Highway

15. FILED 20 1928 REGISTRAR W. C. Stahler

MEDICAL CERTIFICATE OF DEATH

3
16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-20-1928

17. I HEREBY CERTIFY, That I attended deceased from 10-31, 1927 to 3-20, 1928 that I last saw him alive on 3-20, 1928, and that death occurred, on the date stated above, at 6:35 A.M.

CAUSE OF DEATH* WAS AS FOLLOWS:
Rheumatic Heart Disease
72A) Mitral Stenosis
90B) Pericarditis, Chronic
95C (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) None (duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? No DATE OF Heart only
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Phys. E. P. M.
(Signed) Russell Paul, M. D.
, 19 (Address) St. L. Children

*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's Paul DATE OF BURIAL 4-23 1928

20. UNDERTAKER Wick Bros. ADDRESS 2201 Robt. Paul

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.

