

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

Do not use this space.

15567, 15298

1. PLACE OF DEATH

County.....

Registration District No.....

791

1903

Township.....

Primary Registration District No.....

File No.....

Registered No.....

4512

City St. Louis (No. 4616 Tyrolean Ave)

St.....

Ward.....

2. FULL NAME

Frances Brynda

(a) Residence, No. 4616 Tyrolean 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 35 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX. Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH Abt 1871

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>Abt</u>	<u>57</u>			

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

10. NAME OF FATHER Char Kratochvil

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 Frank Brynda
(Address) 4616 Tyrolean Ave

15. FILED May 2 1928 W. C. Stankoff REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-23-28

17. I HEREBY CERTIFY, That I attended deceased from March 3, 1928, to April 23, 1928, that I last saw her alive on April 23, 1928, and that death occurred, on the date stated above, at 11:45 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Stenosis

1290 (duration) 6 yrs. 6 mos. 6 da.
CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis (duration) 6 yrs. 6 mos. 6 da.

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

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

WHAT TEST CONFIRMED DIAGNOSIS? Examination
4/24 (Signed) Alois E Tynek, M. D.
, 1928 (Address) 30146 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
S. S. Peter & Paul 4-26-28

20. UNDERTAKER ADDRESS
R. C. Moydell 1926 Allen

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

