SEP 27 1928

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis
Township Carondelet
City Koch
Registration District No. 1123
Primary Registration District No. 6248 B.
File No. 28443
Registered No. 292
(No. ..... St. ..... Ward)

2. FULL NAME John Holeck
(a) Residence. No. 111½ No. 6th St., ... Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 3 yrs. 5 mos. 27 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: Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 5, 1876

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
52	3	20	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Martin Holeck
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Austria
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Francisca Schlichter
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Austria
(STATE OR COUNTRY)

14. INFORMANT R. Koch Hospital Records
(Address) Koch, Missouri.

15. FILED Aug. 31, 1928 L. C. Obrock M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 25, 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb. 28th, 1925, to Aug. 25, 1928 that I last saw him alive on August 25, 1928 and that death occurred, on the date stated above, at 7:20 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Pulmonary Tuberculosis
23A
26
25 About (duration) 5 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Gastro-Intestinal Tbc. & Tuberculous Spine
About (duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Unknown
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? X-Ray & Sputum
(Signed) P. L. Ehrlich, M.D.
(Address) Koch Hospital.
8/25/28

*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 Mt. Hope Cemetery
DATE OF BURIAL 9-1 1928

20. UNDERTAKER Southern U. L. Co.
ADDRESS 7315 S. Bdway

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.