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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791

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

City St. Louis (No. 6652 Gravois Ave. St. ..... Ward)

File No. 29062

Registered No. 8569

2. FULL NAME Karl Kautzner, Sr.

(a) Residence. No. 6652 Gravois Ave 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May, 15-1854.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
74	3	7	

8. OCCUPATION OF DECEASED

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

(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) Hungary

PARENTS

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs. Maria Kautzner (Address) 6652 Gravois Ave.

15. FILED AUG 24 1928, 19.. Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 22nd. 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1928, to Aug 22, 1928 that I last saw him alive on Aug 21, 1928, and that death occurred, on the date stated above, at 10.45 A.M.

93c THE CAUSE OF DEATH* WAS AS FOLLOWS:

111B Hypostatic pneumonia not Lobar or Bronchi #103

(duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (SECONDARY) Myocarditis - chronic

(duration) 2 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical signs + symptoms

(Signed) Karl J. Balazs, M.D.

8/23, 1928 (Address) 3623 Cleveland

*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.

Dr. Karl J. Balazs

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Sun Set Burial Park	Aug. 25 1928

20. UNDERTAKER	ADDRESS
Wacker-Helderle	2331 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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD