

**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. 1008  
 City St Louis Emerson City Hospital File No. 29312  
 Registered No. 8836 St. \_\_\_\_\_ Ward)

**2. FULL NAME**

(a) Residence. No. 427 E Broadway St. 23 Ward. St. Louis Co Mo  
 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept 15-1882</u>				
7. AGE	YEARS <u>45</u>	MONTHS <u>11</u>	DAYS <u>16</u>	IF LESS than 1 day, ____ hrs. or ____ min.
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work <u>Restaurant Work</u>				
(b) General nature of industry, business, or establishment in which employed (or employer) _____				
(c) Name of employer _____				

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 31 1928  
 17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, and that I last saw him \_\_\_\_\_ alive on 21.30 a., 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Coronary Sclerosis + Steptosis  
936  
914B  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.  
 CONTRIBUTORY Chronic Myocarditis  
 (SECONDARY) (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

18. WHERE WAS DISEASE CONTRACTED? 910  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 8. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) J. W. Kemner M.D.  
9/7/28 (Address) Dep. Coroner  
 \*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.

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Poland

**10. NAME OF FATHER**

Frank Dorna

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Poland

**12. MAIDEN NAME OF MOTHER**

Mrs. Knuse

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Poland

**14.**

INFORMANT Mrs. Julia Mary Ganswiler  
 (Address) 4702 So. Washington

**15.**

FILED SEP -1 1928  
Max C. Franklin  
 REGISTRAR

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

Coburn

**DATE OF BURIAL**

Sept 3 1928

**20. UNDERTAKER**

Central

**ADDRESS**

1844 Cass

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.

