

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

Do not use this space.

38810

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis Mo. St. Louis Childrens Hospital St. 12 Ward Benld coll (Word)

File No. ....  
 Registered No. 11470

**2. FULL NAME**

(a) Residence. No. Benld coll St. 12 Ward Benld coll  
 (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 Female | 4. COLOR OR RACE white | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) —

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-19-26.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, — hrs. or — min.
	<u>2</u>	<u>2</u>	<u>4</u>	

8. OCCUPATION OF DECEASED 8211  
 (a) Trade, profession, or particular kind of work 8211  
 (b) General nature of industry, business, or establishment in which employed (or employer) 8211  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Litchfield  
 (STATE OR COUNTRY) Illinois

10. NAME OF FATHER Joseph Kachinaki

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Spring Valley  
 (STATE OR COUNTRY) Illinois

12. MAIDEN NAME OF MOTHER Mary Jemickat

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

14. INFORMANT L. K. Wetling  
 (Address) 500 S. Kingshighway

15. FILED 21 21 1928 Max C. Stankley  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-23-1928

17. I HEREBY CERTIFY, That I attended deceased from 11-23-1928, to 11-23-1928, that I last saw h. la. alive on 11-23-1928, and that death occurred, on the date stated above, at 5:45 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Thrombophlebitis of cavernous sinus  
mastoiditis - acute bilateral

About (duration) ..... yrs. .... mos. 7 da.

CONTRIBUTORY (SECONDARY) Thrombophlebitis - cavernous sinus  
Cerebral hemorrhage - 5 day - 5 day  
Septicemia (duration) ..... yrs. .... mos. 1 da.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF —  
 WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Examination - autopsy  
 (Signed) A. C. Edwards, M. D.  
11-23, 1928 (Address) 500 So. Kingshighway

\*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 Benld Ill. DATE OF BURIAL 11-25-28

20. UNDERTAKER Harnes Und Co. ADDRESS Benld Ill.

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.

