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

Do not use this space.

12184

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123

Township Carondelet — Primary Registration District No. 6248 B.

City Koch (No. ..... St. ..... Ward)

File No. .....

Registered No. 97

2. FULL NAME Frank Stanich

(a) Residence. No. 2634 Hickory St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred X yrs. X mos. 11 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~~ Johanna Stanich

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 29, 1889

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	39	2	5	

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 0

9. BIRTHPLACE (CITY OR TOWN) Novia Croatia
(STATE OR COUNTRY) 7

PARENTS

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Novia Croatia
(STATE OR COUNTRY) 7

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Novia Croatia
(STATE OR COUNTRY) 7

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

15. FILED Feb. 4, 1929 L. C. Obrock M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 4 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb. 23 1929, to March 4, 1929 that I last saw him alive on March 4, 1929, and that death occurred, on the date stated above, at 6 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis 23 A

31 25

Probably (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Gastro-Intestinal Tbc.

About (duration) X yrs. 3 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? Path & Sputum

(Signed) P. H. Ehrlich, M.D.

3/4/29 19 (Address) Koch Hospital

*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 St. Peter's Church

DATE OF BURIAL Mar 6 1929

20. UNDERTAKER E. J. Schmer

ADDRESS 3128 Lafayette

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.

MAR 27 1929

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