

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

Do not use this space.

13964

1. PLACE OF DEATH

MAY 23 1929

County Buchanan
Township _____
City St. Joseph

Registration District No. 85
Primary Registration District No. 1001
(No. 713 South 18th Street.)

File No. _____
Registered No. 547
St. _____ Ward

2. FULL NAME Frank Biernacki.

(a) Residence. No. 713 South 18th Street. St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? 60 yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White.	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Gertrude M. Biernacki.		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) December 12, 1859.		
7. AGE	YEARS	MONTHS
	69	4
	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
	11	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Upholsterer.

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer Himself.

9. BIRTHPLACE (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) Germany.

PARENTS	10. NAME OF FATHER <u>Martin Biernacki.</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Unknown.</u> (STATE OR COUNTRY) <u>Germany.</u>
	12. MAIDEN NAME OF MOTHER <u>Unknown.</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Unknown.</u> (STATE OR COUNTRY) <u>Unknown.</u>

14. INFORMANT Mrs. Gertrude M. Biernacki.
(Address) 713 South 18th Street.

15. FILED Apr 25 1929
John G. [Signature] REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 23, 1929

17. april HEREBY CERTIFY, That I attended deceased from 18 _____, 1929, to Apr 22 _____, 1929, that I last saw him alive on Apr 22 _____, 1929, and that death occurred, on the date stated above, at _____ 5:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocardial Sclerosis
97.A
192A
97 (duration) ? yrs. _____ mos. _____ ds.
CONTRIBUTORY arterio-sclerosis -
(SECONDARY) nephritic (duration) ? yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____
IF NOT AT PLACE OF DEATH _____
WAS THERE AN OPERATION PRECEDING DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) Frank Biernacki, M.D.
Apr 24, 1929 (Address) St. Joseph, Mo.

*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 Mount Olivet Cemetery. DATE OF BURIAL April 26 19 29

20. UNDERTAKER H.O. Sidenfaden ADDRESS 1802 Union St

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