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

Do not use this space.

20275

File No. 5958

Registered No.

1. PLACE OF DEATH

County ..... Registration District No. 781

Township ..... Primary Registration District No. 0 53

City ..... (No. City Infirmary St. ..... Ward)

2. FULL NAME Frank Kratochvil

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

Length of residence in city or town where death occurred 9 yrs. 9 mos. 9 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	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 9

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Abt 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
abt	69	Unknown		

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

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

PARENTS

10. NAME OF FATHER 9

11. BIRTHPLACE OF FATHER (CITY OR TOWN) 9
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER 9

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 9
(STATE OR COUNTRY)

14. INFORMANT M. Effinger.
(Address) City Infirmary

15. FILED MAY 31 1929 Max C. Starcloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 29th 1929

17. I HEREBY CERTIFY, That I attended deceased from 2/5, 1929, to May 29th, 1929 that I last saw h. alive on May 29th, 1929 and that death occurred, on the date stated above, at 1:10 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis, Acute
(with Decompensation)
9320
9317
(duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arteria-Sclerosis
(duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 419 Washington Ave
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no.
WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) Benj. Margolis M. D.
May 29th, 1929 (Address) 5600 Arsenal St.

*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 New St Marcus Cem — DATE OF BURIAL 5-31 1929

20. UNDERTAKER Wachs & Meldulk Co. — ADDRESS 2335 Ohio Ave

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.

V. S. No.

JUL 6 1954