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.

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

Do not use this space.

6464

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 1274

City St Louis (No. 3131 California Ave St. ..... Ward)

2. FULL NAME William Duchek

(a) Residence. No. 3131 California St., 24 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth 40 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 Marie Duchek

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 14, 1865

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
64	10	21	

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

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

PARENTS

10. NAME OF FATHER William Duchek

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Marie Duchek
(Address) 3131 California Ave

15. FILED ..... 19.. Max C Starkey REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 5 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1929, to February 5, 1930 that I last saw him alive on February 5, 1930, and that death occurred, on the date stated above, at 10:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac Dilation Acute
82 A
95 B (duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY) Apoplexy Cerebral Hemorrhage (duration) ..... yrs. ..... mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at place of death
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Jno C Loubek, M. D.
2/5/30, 19 (Address) 2900 California Ave

*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	DATE OF BURIAL
S S Peter & Paul	Feb 8 1930

20. UNDERTAKER	ADDRESS
Thos Kutis	2900 Gravois