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

Do not use this space.

14291

1. PLACE OF DEATH

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

Township ..... Primary Registration District No. 1003 Registered No. 3631

City St Louis (No. ISOLATION HOSPITAL St. 24th Ward)

2. FULL NAME Michael Kadlec

(a) Residence. No. 2725 Accomac St., 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred ? yrs. mos. 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~~ Barbara Kadler

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 12, 1879

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	51	1	27	

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

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER John Kadlec

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Joe Gaffler
(Address) ISOLATION HOSPITAL

15. FILED APR 11 1930 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-9 1930

17. I HEREBY CERTIFY, That I attended deceased from 4-8, 1930, to 4-9, 1930 that I last saw him alive on 4-9, 1930, and that death occurred, on the date stated above, at 2:55 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar pneumonia
10
13A
..... (duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (SECONDARY) Pneumococcic meningitis (duration) ..... yrs. ..... mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 101A
8 DID AN OPERATION PRECEDE DEATH? DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Bel Kuhbiel, M. D.
4-10, 1930 (Address) ISOLATION 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	DATE OF BURIAL
S. S. Peter & Paul	4-11 1930
20. UNDERTAKER	**ADDRESS**
W. C. Moydell	1926 Allen

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.