

OCT 28 1930

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

Do not use this space.

29565

1. PLACE OF DEATH

County FranklinRegistration District No. 297

File No. _____

Township WashingtonPrimary Registration District No. 3016Registered No. 888City Washington (No. _____) St. _____ Ward _____FULL NAME Ladislaus Czeck(a) Residence. No. Franciscan Residence St. Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. _____ ds. How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 27th-1859

7. AGE

YEARS
71MONTHS
5DAYS
1

If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Priest(b) General nature of industry, business, or establishment in which employed (or employer) Priest

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Kieferstaedel
(STATE OR COUNTRY) Germany10. NAME OF FATHER Alexus Czeck11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) _____12. MAIDEN NAME OF MOTHER Franciscus13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) _____14. INFORMANT Fr Ignatius Classen
(Address) Franciscan Residence15. FILED Sept 24, 30 O. K. Munsch
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 28 193017. I HEREBY CERTIFY, That I attended deceased from July 1929, to Sept 28 1930 that I last saw him alive on Sept 28, 1930, and that death occurred, on the date stated above, at 10:40 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis Chronic
93LCONTRIBUTORY not known
(SECONDARY) (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. _____

0 DID AN OPERATION PRECEDE DEATH? DATE OF _____
WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Frank G. Mays M. D.Sep. 30 1930 (Address) Washington 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 Catholic Cemetery DATE OF BURIAL Oct 1st 193020. UNDERTAKER Otto & Co Washington Mo

ADDRESS

19

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.

