

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.

12079

1. PLACE OF DEATH

County..... Registration District No. 1003
Township..... Primary Registration District No.
City St Louis (No. 2725 Accomac) St. Ward)

File No.
Registered No. 3335
St. Ward)

2. FULL NAME

Barbara Kadlec
(a) Residence. No. 2725 Accomac St. 213 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Michael Kadlec</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>about 1880</u>		
7. AGE YEARS <u>about 50</u>	MONTHS <u>Unknown</u>	DAYS <u>Unknown</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Home wife</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>231</u> (c) Name of employer		
9. BIRTHPLACE (CITY OR TOWN) <u>St Louis Mo</u> (STATE OR COUNTRY)		
10. NAME OF FATHER <u>Frank Klina</u>		
11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Bohemia</u> (STATE OR COUNTRY)		
12. MAIDEN NAME OF MOTHER <u>Unknown</u>		
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY)		

14. INFORMANT John Kadlec
(Address) 2725 Accomac

15. FILED 2725 Accomac REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 13 1931

I HEREBY CERTIFY, That I attended deceased from Feb 26, 1931 to March 13, 1931, that I last saw him alive on March 13, 1931, and that death occurred, on the date stated above, at 11: P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Lobar pneumonia
108
930
Chronic Myocarditis
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 108
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) Joseph L. Jones, M. D.
(Address) 420 Virginia

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 S. S. Peter & Paul DATE OF BURIAL Mar 16 1931

20. UNDERTAKER Mr. C. Moydell ADDRESS 1926 Allen

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