

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.
24719

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 1003
City St. Louis, Mo. (No. 61) City Sanitarium

File No.
Registered No. 6861
St. Ward

2. FULL NAME

Beatrice Kachni
(a) Residence, No. 1656 Essier St., 13 Ward. Wellston, Mo. (St. Louis Co.)
(Usual place of abode) (If nonresident, give city or town and State)

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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 23, 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hr. or min.
about 61 4^{1/2} 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, U.S.A.

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill. Ill.

15. MAIDEN NAME

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

17. INFORMANT O. E. Hoffat, MD
(ADDRESS) 5400 Arsenal

18. BURIAL, CREMATION, OR REMOVAL PLACE Free Free Cemetery DATE July 25, 1932

19. UNDERTAKER Geo. L. Pleitach, Inc.
(ADDRESS) 5611 Madison Ave

20. FILED JUL 29 1932 Max C. Stankov
19 32 Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1930 to July 22, 1932
I last saw her alive on July 21, 1932. Death is said to have occurred on the date stated above, at 3:50 A.M.

The principal cause of death and related causes of importance were as follows:

Generalized arterio-sclerosis
97
162
917

Date of onset 6-1-30+

Other contributory causes of importance: Femoral Venous Stenosis Senile Dementia

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) O. E. Hoffat, M. D.
(Address) 5400 Arsenal

