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

Do not use this space.

41545

File No.
Registered No. 10564

JAN 26 1934

1. PLACE OF DEATH

County
Registration District No. 791
Township St. Louis
Primary Registration District No. 1003
City St. Louis Mo. (No. 1326 N. 9th St. St. Ward)

2. FULL NAME John Ratka

(a) Residence, No. 1326 N. 9th St. St., 25 Ward.
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 24th 1887

7. AGE: Years 46 | Months 5 | Days 13 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Coal Miner
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):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rus. Poland

FATHER

13. NAME: John Ratka
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Poland.

MOTHER

15. MAIDEN NAME: Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Poland.

17. INFORMANT (ADDRESS): Anna Ratka 1326 N. 9th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Dec 9th 1933

19. UNDERTAKER (ADDRESS): Aug Brockland L&U Co 1421 N. 9th St.

20. FILED DEC 11 1933 J. F. Bredeck Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 7th 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 3, 1933, to Dec 7, 1933

I last saw him alive on Dec 7, 1933. Death is said to have occurred on the date stated above, at 4:10 p.m.

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

	Date of onset
1968	
Acute dilatation of heart.	12/7/33
Chronic nephritis	12/1/33

Other contributory causes of importance:
Chronic nephritis
Bronchitis following
Tracheitis mild.

Name of operation — Date of —
What test confirmed diagnosis? — 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? No
If so, specify

(Signed) M. J. Sullivan, M. D.
(Address) 607 N. Grand

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD