

APR 27 1937

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

Do not use this space.

13602

1. PLACE OF DEATH

County Saint Louis Registration District No. 1123
Township Carondelet Primary Registration District No. 6248B
City Jefferson Barracks (No. Veteran Administration Facility) St. Ward

2. FULL NAME Antone KOSTECKIE

(a) Residence, No. 1215 Souldard Street St. Ward
(Usual place of abode) Saint Louis, Missouri (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Divorced</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>October 27, 1896</u>				
7. AGE YEARS <u>40</u>	MONTHS <u>3</u>	DAYS <u>12</u>	If LESS than 1 day,hrs. ormin.	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>				
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>				
10. Date deceased last worked at this occupation (month and year) <u> </u>			11. Total time (years) spent in this occupation <u>13 yrs</u>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry County, Illinois

FATHER 13. NAME Henry Kosteckie

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

MOTHER 15. MAIDEN NAME Stella Puyet

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany

17. INFORMANT M. Schiller (ADDRESS) Clinical Clerk, Jeff. Bks. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dubois, Ill. DATE 2"-8 - 1937

19. UNDERTAKER C. Hoffmeister U. & L. Co. (ADDRESS) 7814 S. Broadway

20. FILED Feb. 8, 1937 J. Mowrey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 8, 1937

22. I HEREBY CERTIFY, That I attended deceased from November 13, 1936, to February 8, 1937

I last saw him alive on February 8, 1937. Death is said to have occurred on the date stated above, at 6:30 A.M.

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

Nephritis, chronic, with marked retention of ure and edema. Date of onset unkwn
Myocarditis, chronic with hypertrophy and dilatation (arteriosclerotic heart).

Other contributory causes of importance: Arteriosclerosis unkwn

Name of operation none Date of
phy exam. in manifestations What aut. combined diagnosis? Was there an autopsy? NO

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) C. W. HUGHES, M.D. Med. Officer, M. D.
(Address) Jefferson Barracks, Missouri.

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.

