

REC'D APR 11 1938

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

Do not use this space.

1. PLACE OF DEATH

County.....

Township.....

City..... St. Louis Mo

Registration District No. 791

Primary Registration District No. 1003

(No. St Anthony Hospital

File No. 8981

Registered No. 2570

St. Ward

2. FULL NAME

Mary Kratky 632

(a) Residence, No. 2906 A Keokuk St. St. Ward 24
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? 35 yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

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

Anton Kratky

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 18 1879

7. AGE

YEARS

58

MONTHS

5

DAYS

29

If LESS than 1

day, hra.
or mks.

OCCUPATION

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

At Home

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

Housewife

10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Bohemia

FATHER

13. NAME

John Melkes

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

Bohemia

MOTHER

15. MAIDEN NAME

Marie Vala

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

Bohemia

17. INFORMANT

Anton Kratky

(ADDRESS)

2906 A Keokuk St.

18. BURIAL, CREMATION, OR REMOVAL

PLACES

St. Peter & Paul

DATE

March 18, 1938

19. UNDERTAKER

(ADDRESS)

Shookille
2906 Gravois Ave.

20. FILED

MAR 17 1938

J. D. Budek
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAR 16 1938

22. I HEREBY CERTIFY, That I attended deceased from

MARCH 15 1938 to MARCH 16 1938

I last saw her alive on MAR 16 1938. Death is said

to have occurred on the date stated above, at 3am

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

Cerebral Haemorrhage Mar 15 1938

Other contributory causes of importance

Arterio-Sclerosis 1936

Name of operation None Date of ?

What test confirmed diagnosis? Was there an autopsy? 40

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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? 40

If so, specify

(Signed) Suppa Blumfeld, M. D.

(Address)

285 30 Ave

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.

Embalmed By THOS.KUTIS

L.E No 1619

Thos Kutis

L.E. 1619