

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

Do not use this space.

3437

**1. PLACE OF DEATH**

County... St. Louis, Mo. Registration District No. 1123 File No. \_\_\_\_\_  
 Township... CARDINAL Primary Registration District No. 6248 B Registered No. 54  
 City... Jefferson Barracks, Mo. U.S. Veterans' Hospital Jefferson Brks, Mo. (Ward) \_\_\_\_\_

**2. FULL NAME** Frank J. Nohava.

(a) Residence. No. 219 S. Westnedge Ave. St. \_\_\_\_\_ Ward. I.R. Wagner, M.D.  
 (Usual place of abode) Kalamazoo, Mich. (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred un yrs. kn mos. OWN da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male. 4. COLOR OR RACE White, 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 30, 1896

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	32	8	24	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Sheet Metal Worker.  
 (b) General nature of industry, business, or establishment in which employed (or employer) Unavailable  
 (c) Name of employer Unavailable

9. BIRTHPLACE (CITY OR TOWN) Chicago,  
 (STATE OR COUNTRY) Illinois.

10. NAME OF FATHER Unavailable.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unavailable.  
 (STATE OR COUNTRY) Unavailable.

12. MAIDEN NAME OF MOTHER Unavailable.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unavailable.  
 (STATE OR COUNTRY) Unavailable.

14. INFORMANT G. W. Kiehnhoff, Medical Officer.  
 (Address) U.S. Veterans' Hospital, Jefferson Barracks, Mo.

15. FILED Jan 25 1929 L.C. Obrock, M.D. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 24, 1929

17. I HEREBY CERTIFY, That I attended deceased from January 21, 1929, to January 24, 1929.  
 that I last saw h. im alive on January 24, 1929, and that death occurred, on the date stated above, at 11:00 AM.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Duodenal Ulcer, ruptured.

92  
29 / 11 / 21 (duration) yrs. mos. da.

CONTRIBUTORY Peritonitis.  
 (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED Unknown.  
 IF NOT AT PLACE OF DEATH...  
 DID AN OPERATION PRECEDE DEATH? YES DATE OF Jan. 22, 1929

19. WHAT TEST CONFIRMED DIAGNOSIS? Operation-Physical & Laboratory findings.  
 (Signed) E.A. Bradbury, Medical Officer, M. D.  
U.S. Veterans Hospital, Jefferson Barracks, Mo.

\*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 Maplewood Ills DATE OF BURIAL 1/25 1929

20. UNDERTAKER Hoffmeyer & Co ADDRESS 784 S. Perry

M. 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.

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