

TEXAS DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF DEATH

22916

1. PLACE OF DEATH
STATE OF TEXAS
COUNTY OF **Tarrant**

CITY OR PRECINCT NO. **Ft. Worth, Texas**

Rt. 8, Box 88

2. FULL NAME OF DECEASED **Edward J. Konetchy**

GIVE STREET AND NUMBER OR NAME OF INSTITUTION

LENGTH OF RESIDENCE WHERE DEATH OCCURRED **25** YEARS MONTHS DAYS (SOCIAL SECURITY NO. **462-10-4846**)

RESIDENCE OF THE DECEASED | STREET AND NO. **Rt. 8, Box 88** CITY **Ft. Worth,** COUNTY **Tarrant** STATE **TEXAS**

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White**

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (WRITE THE WORD) **Married**

6. DATE OF BIRTH **Sept. 3, 1885**

7. AGE YEARS **61** MONTHS **8** DAYS **24** IF LESS THAN 1 DAY HOURS MIN

8A. TRADE, PROFESSION OR KIND OF WORK DONE **Scout--St. Louis Cardinals**

8B. INDUSTRY OR BUSINESS IN WHICH ENGAGED

9. BIRTHPLACE (STATE OR COUNTRY) **Wis.**

10. NAME **Konetchy**

11. BIRTHPLACE (STATE OR COUNTRY) **Bohemia**

12. MAIDEN NAME **Don't Know**

13. BIRTHPLACE (STATE OR COUNTRY) **Bohemia**

14. SIGNATURE **Mrs. Ed Konetchy**

ADDRESS **Rt. 8, Box 88---Ft. Worth, TEXAS**

15. PLACE OF BURIAL OR REMOVAL **Greenwood, Ft. Worth, TEXAS**

DATE **5-29-47** 194

16. SIGNATURE **J. W. Myatt--Shannon's**

ADDRESS **1301 N. Main---Ft. Worth, TEXAS**

MEDICAL PARTICULARS

17. DATE OF DEATH **5-27-47** 194

18. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM 194 TO 194

I LAST SAW HIM ON **5-27** 1947

THE DEATH OCCURRED ON THE DATE STATED ABOVE AT **5:30 A** M.

THE PRIMARY CAUSE OF DEATH WAS:

Coronary Occlusion DURATION **Sudden**

CONTRIBUTORY CAUSES WERE **none**

died in sleep

Had been dead about

2 hrs when I saw him

IF NOT DUE TO DISEASE, SPECIFY WHETHER:

ACCIDENT, SUICIDE, OR HOMICIDE **DEPARTMENT OF HEALTH**

DATE OF OCCURRENCE

PLACE OF OCCURRENCE

MANNER OR MEANS IF RELATED TO OCCUPATION OF DECEASED, SPECIFY

SIGNATURE **Ross J. Gregg** M.D.

ADDRESS **TEXAS**



20. FILE NUMBER **1121**

FILE DATE **MAY 28 1947** 194

SIGNATURE OF LOCAL REGISTRAR **Ma Griffeth**

POSTOFFICE ADDRESS **J. W. Myatt**

1301 N. Main---Ft. Worth, TEXAS

NOTE THE INFORMATION CALLED FOR ON THE REVERSE SIDE