

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

Do not use this space.

8308

**1. PLACE OF DEATH**

County..... Registration District No. **7911**  
 Township **St. Louis** Primary Registration District No. **1003**  
 City **St. Louis** (No. **4227** **Bausch Lane**) St. .... (Ward)

File No. ....  
 Registered No. **2703**

**2. FULL NAME**

**Mathias Rada**  
 (a) Residence. No. **4227 Bausch Lane** St. **15** Ward. .... (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred **52** yrs. mos. ds. How long in U. S., if of foreign birth? **52** yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** **male** **4. COLOR OR RACE** **white** **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** **widower**

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** **about 1853**

**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**about 78 Unknown**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Brew Master**  
 (b) General nature of industry, business, or establishment in which employed (or employer) **Retired 15 years**  
 (c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) **Bohemia**

**10. NAME OF FATHER**

**Joseph Rada**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) **Bohemia**

**12. MAIDEN NAME OF MOTHER**

**Unknown**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) **Unknown**

**14.**

**INFORMANT** **Christina Nemeec**  
 (Address) **4227 Bausch Lane**

**15.**

**FILED** **MAR 1 1931** **W. E. ...**  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** **Feb 28 1931**

**17.** I HEREBY CERTIFY, That I attended deceased from **Feb 28 1931** until **Feb 28 1931** that I last saw him alive on **Feb 28 1931** and that death occurred, on the date stated above, at **6 a. m.**

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**Endocarditis (Chronic)**

**18. CONTRIBUTORY (SECONDARY)** **Chronic Nephritis** (duration) **2** yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH **151**

**18.** DID AN OPERATION PRECEDE DEATH? DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) **W. E. ...** M. D.

**Feb 28 1931** (Address) **H 724 Groves**

\*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**

**New Picker**

**DATE OF BURIAL**

**Mar 2 1931**

**20. UNDERTAKER**

**Wm J. Moydell**

**ADDRESS**

**1926 Allen**

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

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.

