

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

Do not use this space.

11825

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township **St. Louis** Primary Registration District No. **1003**  
 City **St. Louis** (No. **1911 A Arsenal**) File No. ....  
 Registered No. **2908** St. .... Ward .....

**2. FULL NAME**

**Vincent Bumbicka**  
 (a) Residence, No. **1911 A Arsenal** St. **24** Ward. (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred **50** yrs. mos. ds. How long in U. S., if of foreign birth? **50** yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>male</b>		4. COLOR OR RACE <b>white</b>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>married</b>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Anna Bumbicka</b>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>May 1. 1880</b>					
7. AGE		YEARS <b>52</b>	MONTHS <b>10</b>	DAYS <b>25</b>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Shoe worker</b>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Bohemia Europe</b>					
FATHER	13. NAME <b>Chas Bumbicka</b>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Bohemia Europe</b>				
MOTHER	15. MAIDEN NAME <b>Mekagor</b>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Bohemia Europe</b>				
17. INFORMANT (ADDRESS) <b>Anna Bumbicka 1911 A Arsenal</b>					
18. BURIAL, CREMATION OR REMOVAL PLACE <b>New St. P. &amp; Paul</b> DATE <b>3-29-1933</b>					
19. UNDERTAKER (ADDRESS) <b>Thos Kutas 2906 Francis ave</b>					
20. FILED <b>MAR 28 1933</b> Registrar.					

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3-26-1933**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 10 1933** to **March 26 1933**.  
 I last saw him alive on **March 26 1933**. Death is said to have occurred on the date stated above, at **12:00 P. m.**  
 The principal cause of death and related causes of importance were as follows:  
**Pneumonia Bronchial acute** Date of onset **March 5 33**  
**Larynx**  
 Other contributory causes of importance:  
**Greenema of Larynx**  
 Name of operation **none** Date of **Jan 10 33**  
 What test confirmed diagnosis? **clinical** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? **none** Date of injury ....., 19...  
 Where did injury occur? **none**  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **none**  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? **no**  
 If so, specify .....

(Signed) **Frank Lauek** M. D.  
 (Address) **2767 Morris ave**

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.

