

No. 2
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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9177**
Registrar's No. **2587**

Registration District No. **791**

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County **St. Louis Mo.**
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
2209 Shenandoah St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community **83 Years.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **2209 Shenandoah St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **83 in St. Louis** years.

3. (a) PRINT FULL NAME **THOMAS VANDAS (WANDAS)**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widower**
6. (b) Name of husband or wife **Elizabeth Vandas.** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **NOV 25 1855**
(Month) (Day) (Year)

8. AGE: Years **85** Months **3** Days **26** If less than one day _____ hr. _____ min.

9. Birthplace **Bohemia** (City, town, or county) (State or foreign country)

10. Usual occupation **PRESSMAN**

11. Industry or business **RETIRED**

12. Name **Casper Vandas**
13. Birthplace **Bohemia** (City, town, or county) (State or foreign country)
14. Maiden name **Johanna Matousek**
15. Birthplace **Bohemia** (City, town, or county) (State or foreign country)

16. (a) Informant **Casper Vandas**
(b) Address **2209 Shenandoah St.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **March 24/41**
(Month) (Day) (Year)
(c) Place: burial or cremation **New S.S. Peter & Paul**

18. (a) Signature of funeral director **Thos. S. Peter & Paul**
(b) Address **2906 Gravois Ave.**

19. (a) **MAR 23 1941** (Date received local registrar) (b) **J. J. Bredeck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **21**
year **1941** hour **6 30 P.M.** minute _____ M.

21. I hereby certify that I attended the deceased from **January 12th.** 19.41, to **March 21st.** 19.41, that I last saw him alive on **March 21st.** 19.41, and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer of the stomach**

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **C. W. J. [unclear]** (M. D. or other) _____
Address **2278 S. Jefferson** Date signed **3-22-41**

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Leo Budde

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Leo Budde

Licensed Embalmer No.

3989

P. O. Address.....

St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.