

Registration District No. 318

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town ST. LOUIS MO  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1106 Doyer Place  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community Life  
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. 1106 DOYER PLACE  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME DR. GEORGE J. VANDAS

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 MARRIED

6. (b) Name of husband or wife MABELA VANDAS 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased JAN 27 1886  
(Month) (Day) (Year)

8. AGE: Years 56 Months 8 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace ST. LOUIS MO  
(City, town, or county) (State or foreign country)

10. Usual occupation DENTIST

11. Industry or business \_\_\_\_\_

12. Name THOMAS VANDAS

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

14. Maiden name ELIZABETH BABKA

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

16. (a) Informant MADEL VANDAS

(b) Address 1106 DOYER PLACE

17. (a) BURIAL (b) Date thereof OCT. 26-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Thomas Vandas & Son

(b) Address 2906 Sycamore St

19. (a) OCT 24 1942 (b) G. J. Breda  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 23 year 1942 hour 2:30 minute A M.

21. I hereby certify that I attended the deceased from Oct 21 1942 to Oct 23 1942 that I last saw him alive on Oct 23 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure Duration 4 days

Due to chronic myocarditis Diabetes

Due to Syphilis Toxic Erythema

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 slash) (e) Manner of injury \_\_\_\_\_

Signature Carl Althaus M. D. or other \_\_\_\_\_

Address 3248 Lafayette Date signed 10/23/42

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

MOTHER FATHER

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

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*April Van Fossen*  
.....  
Licensed Embalmer No. *4242*

P. O. Address.....  
*2906 Harris*

**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.**