

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

Do not use this space.

10707

**1. PLACE OF DEATH**

County.....  
Township.....  
City..... (No. ....)

Registration District No. 791  
Primary Registration District No. 1003

File No. ....  
Registered No. 2718  
St. .... Ward)

**2. FULL NAME**

Andrew Neporadny

(a) Residence. No. 4036 Lincoln Ave. 11 Ward.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) 5 years

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-14-1929

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
5 3

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work.....  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) St. Louis  
(STATE OR COUNTRY) MO

10. NAME OF FATHER Andrew Neporadny

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Austria  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Meyer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ill  
(STATE OR COUNTRY)

14. INFORMANT Rose Meyer  
(Address) 4036 Lincoln Ave. 11

15. FILED 17 1930 W. J. Staver  
REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 17<sup>th</sup> 1930

17. I HEREBY CERTIFY, That I attended deceased from 11 AM to 12 PM, 1930, that I last saw him alive on May 17, 1930 and that death occurred, on the date stated above, at 6:20 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Dr. Bernice Brumby  
Secondary  
107A  
67 (duration) yrs. mos. 4 ds.

CONTRIBUTORY Enlarged Thyroid  
(SECONDARY) (duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH? DATE OF.....  
WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) Ernest J. Lister, M.D.  
19 (Address) Lister Blvd

\*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 St. Peter & Paul DATE OF BURIAL 3-18-1930

20. UNDERTAKER A. J. Connelly, 2039 Wash St. ADDRESS

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.

1071 ...  
4500 Olive St  
Lester Bldg  
Rm 5000  
2-3 Pm