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

Do not use this space. 21322-a

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 6190

City St Louis (No. In Mississippi River, ft of Stein St. Ward)

2. FULL NAME Anthony Widunas

(a) Residence. No. 4207 N. 9th St. St., 9 Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 2 - 1885

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	45		22	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Furniture Finisher

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer Welsh Furniture Co

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Lithuania

PARENTS

10. NAME OF FATHER Philip Widunas

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

12. MAIDEN NAME OF MOTHER Mary Renek

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

14. INFORMANT Pateonille Widunas
(Address) 4207 N. 9th St.

15. FILED ..... 19..... Max C. Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

Found Floating

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 24 1930

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 1:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Asphyxiation due to drowning in Mississippi River

1 hr. (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) Whether accidental or intentional not ascertained (duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED .....
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Wm V Dwyer, M.D.
6/26, 1930 (Address) Coroner

*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	DATE OF BURIAL
Calvary Cemetery	June 26 1930
20. UNDERTAKER	**ADDRESS**
Cullinane Bro	1716 N Broadway

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.