

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.

MAR 27 1931

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

Do not use this space.

6985

1. PLACE OF DEATH

County .....  
Township .....  
City .....

Registration District No. ....  
Primary Registration District No. ....  
(No. *Roth # 2 appra*)

File No. ....  
Registered No. *83*  
St. .... Ward)

2. FULL NAME

*Raymond Vanek*

(a) Residence. No. *RH 2* St. .... Ward. ....

(Usual place of abode)  
Length of residence in city or town where death occurred *1* yrs. *5* mos. *18* 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) *Single*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Sept. 5 - 29*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<i>1</i>	<i>5</i>	<i>29</i>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *none*  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

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

10. NAME OF FATHER *Charles Vanek*  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) *St Louis Mo*  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER *Lenora Sedivy*  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *St Louis Mo*  
(STATE OR COUNTRY)

14. INFORMANT *Charles Vanek*  
(Address) *RH 2 appra mo*

15. FILED *Feb 25 1931 L. C. Obrack*  
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Feb. 23, 1931*

17. I, HEREBY CERTIFY, That I attended deceased from *Feb. 21, 1931*, to *Feb. 23, 1931* that I last saw him alive on *Feb 23, 1931*, and that death occurred, on the date stated above, at *8:30 P. m.*

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Measles*

CONTRIBUTORY (SECONDARY) *Bronchopneumonia*  
(duration) ..... yrs. .... mos. *6* ds.  
(duration) ..... yrs. .... mos. *3* ds.

18. WHERE WAS DISEASE CONTRACTED *at place of death*  
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? *no* DATE OF .....  
WAS THERE AN AUTOPSY? *No.*  
WHAT TEST CONFIRMED DIAGNOSIS *Clinical.*  
(Signed) *Harren Heyenga* M. D.  
. 19 (Address) *Alton, Mo.*

\*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 *Feb 25 1931*

20. UNDERTAKER *Wm. G. Moyall* ADDRESS *1926 Alton*

