V. S. No. 2

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

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

Do not use this space.

✓ 17994

File No. 4963

Registered No.

1. PLACE OF DEATH

County

Township

City St Louis (No. 3148 A Miami St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Thomas E. Vodicka

(a) Residence, No. 3148 A Miami St., 16 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 9. 1887

7. AGE: YEARS 44 | MONTHS 5 | DAYS 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerical work

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 253

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia Europe 7

FATHER

13. NAME Thomas Vodicka

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia Europe

MOTHER

15. MAIDEN NAME Mary Prinz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia Europe

17. INFORMANT (ADDRESS) Elenore Vodicka 3148 A Miami

18. BURIAL, CREMATION, OR REMOVAL PLACE Okeene Oklahoma DATE May 22 1932

19. UNDERTAKER (ADDRESS) Thos. Kutis 2906 Franklin Ave

20. FILED MAY 22 1932 19 Max C Starkey Registrar

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 6 1931, to May 31, 1932

I last saw him alive on May 21, 1932. Death is said to have occurred on the date stated above, at 6 a. m.

The principal cause of death and related causes of importance were as follows:

Mitral Regurgitation — Date of onset Sept 6 1931

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92 N 31 (1)

Other contributory causes of importance: Chronic Interstitial Nephritis — Sept 6 1931

5 Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) A. E. Turek, M. D.

(Address) 3014 Jefferson Me.