

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

Do not use this space.

27701

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis Mo.** (No. **St. Johns Hospital**)

File No.

Registered No. **7526**

St. Ward)

2. FULL NAME

Thoma Komadina

(a) Residence, No. **2706 Chouteau av.** **22** 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 of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

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

divorced

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

Mary Komadina

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

Aug 1 - 1883

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1/2 day, hrs. or min.

49

=

15

OCCUPATION

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

Confectioneer

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

1193

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

11. Total time (years) spent in this occupation **24**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Croatia

MOTHER FATHER

13. NAME

Thoma Komadina

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

Croatia

15. MAIDEN NAME

Lucille Butovic

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

Croatia

17. INFORMANT

Mrs. Viola Percich

(ADDRESS)

2706 Chouteau

18. BURIAL, CREMATION, OR REMOVAL

PLACE **New SS. Pt Paul Cem.** DATE **August 18, 1932**

19. UNDERTAKER

E. J. Schmyer

(ADDRESS)

31257 Lafayette Ave

20. FILED

106 17 1932

19

W. C. Starkey

Registrar

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **August 16, 1932**

22. I HEREBY CERTIFY, That I attended deceased from **8/7/32** to **8/16/32**

I last saw him alive on **8/16/32**, 19**32** Death is said

to have occurred on the date stated above, at **11:05 a.m.**

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

Acute Myocarditis (Date of onset **8/15**)
acute cardiac death (**8/16**)

acute Passive Congestion of Liver (**8/11**)

Other contributory causes of importance:
Ac Hypostatic Pulmonary Congestion: Scurf (**8/13**)
of Liver chronic (**8/13**)

Name of operation **Appendectomy - appendicitis** Date of **8/11/32**

What test confirmed diagnosis? **C.M.** Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **no** Date of injury....., 19.....

Where did injury occur? **no** (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 **Geo. S. Nelson** M. D.

(Signed)

Geo. S. Nelson

(Address)

1006 So Jefferson

8/16/32

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.

