

FEB 20 1936

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **ST. LOUIS** (No. **CHRISTIAN HOSPITAL**) St. Ward)

7751

File No.

Registered No. **1412**2. FULL NAME **JOHN VIDEMSCEK**

(a) Residence, No. **5220 Genevieve** St. **7** 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. **7** How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Videmschek		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 3, 1890		
7. AGE	YEARS 45	MONTHS 5
	DAYS 2	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Building	
	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) Australia		
FATHER	13. NAME John Videmschek	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Australia	
MOTHER	15. MAIDEN NAME Mary Enkmon	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Australia	
17. INFORMANT Mrs. Anna Videmschek (ADDRESS) 5220 Genevieve		
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Feb. 8, 1936		
19. UNDERTAKER MULLEN BROS. (ADDRESS) 4259 Lindall Blyd.		
20. FILED FEB - 7 1936 J. P. Bredeck Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 5, 1936**22. I HEREBY CERTIFY, That I attended deceased from **Dec. 10, 1935** to **Feb. 5, 1936**I last saw him alive on **Feb. 5, 1936** Death is saidto have occurred on the date stated above, at **7:45 A.M.**

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

Coronary thrombosis

Date of onset

Other contributory causes of importance:

Jump of the diaphragm (Waller-Meyer syndrome)Name of operation **quiescent** Date of **Jan. 22, 1936**

What test confirmed diagnosis? Where 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) **Harold Klein**, M. D.(Address) **5074 Union Blvd**

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.

100M-3-25-35

502 of Museum