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.

DEC 3 1936

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

Do not use this space.

42661

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. City Infirmary. ..... St. ..... Ward)

File No. 11169

Registered No. .....

2. FULL NAME Thomas Dondas.

(a) Residence, No. 5800 Arsenal St. St., 13 Ward.
(Usual place of abode) 5800 Arsenal St. (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): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 11. 1852

7. AGE: YEARS 83 MONTHS 11 DAYS 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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

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

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

FATHER

13. NAME Peter Dundass,

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

MOTHER

15. MAIDEN NAME J. Farstendetter,

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

17. INFORMANT (ADDRESS) E. Molony, 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary, DATE Nov. 10 1936

19. UNDERTAKER (ADDRESS) [illegible]

20. FILED NOV 9 1936, 19 J. H. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from December 14, 1936 to November 8, 1936

I last saw him alive on November 8, 1936. Death is said to have occurred on the date stated above, at 11:40 P.M.

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

CEREBRAL ACCIDENT

Date of onset

Other contributory causes of importance:

ARTERIOSCLEROSIS, generalized

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? .....

If so, specify .....

(Signed) [illegible], M. D.

(Address) 5600 Arsenal