

WHITE PAINCY 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.

DEC 12 1936

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

Do not use this space.

46408

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1008
City St. Louis, Mo. (No. Josephine Hospital) St. Ward (u) 12195

2. FULL NAME Thomas Zgombic

(a) Residence, No. 5919 Lalite Ave. St. 7 Ward.
(Usual place of abode)

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. (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Abt. 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. min.
Abt. 57 Unknown Unknown

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. Concrete Worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Croatia

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mary Zgombic
(ADDRESS) 5919 Lalite Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Dec. 12 1936

19. UNDERTAKER John A. ...
(ADDRESS) 1926 Allen Ave.

20. FILED DEC 12 1936 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from 11-16-1936, to 12-9-1936, 1936.

I last saw him alive on 12-9-1936, Death is said to have occurred on the date stated above, at 11:00p.

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

Haemia
Chronic parenchymatous nephritis
Date of onset

Other contributory causes of importance:
Chronic myocarditis
Arteriosclerosis
which operation was performed
Name of operation Exploratory laparotomy Date of 12/11/36
What test confirmed diagnosis? Chemical Was there an autopsy? no

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) ew laentler, M. D.
(Address) 3115 E. Grand

