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

Do not use this space.

FEB 8 1937

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1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 3118

Township ..... Primary Registration District No. ..... Registered No. 130

City St. Louis. (No. 4122 Schiller Place St. ..... Ward)

2. FULL NAME Mathias Vondera

(a) Residence, No. 4122 Schiller Pl. St., 15 Ward. 1
(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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr. 12, 1868.

7. AGE: YEARS 68 | MONTHS 8 | DAYS 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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): Gildehaus, Mo.

FATHER

13. NAME: Clemens Vondera

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

MOTHER

15. MAIDEN NAME: Dont Know.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know.

17. INFORMANT (ADDRESS): Mrs. Ad. Kuepfert, 5728 Nottingham Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Moselle, Mo. DATE Jan. 6, 1937.

19. UNDERTAKER (ADDRESS): J. H. Gebken L & U Co, 2842 Meramec St.

20. FILED ..... 19.. J. H. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 4th 1936, to Jan 3d, 1937

I last saw him alive on Jan 2nd, 1937. Death is said to have occurred on the date stated above, at 9 15 A m.

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

	Date of onset
Chronic Interstitial nephritis	2 yrs
Chronic Myocarditis	1 mo
Other contributory causes of importance:	
Acute Dilatation of heart	1 da

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) A. A. Mulach, M. D.

(Address) 7405 Mich Av.

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.

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