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.

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

Do not use this space.

JUL 8 - 1937

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1008

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

File No. 21767

Registered No. 5519

2. FULL NAME William Vamdas

(a) Residence, No. 2209 Shenandoah St., 23 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 51 yrs. 8 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 27. 1885

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	51	8	5	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) 1924

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

FATHER

13. NAME Thomas Vandas

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

MOTHER

15. MAIDEN NAME Elizabeth Balka

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

17. INFORMANT M. T. Moore M.D. (ADDRESS) 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE New St Peters Paul Cem DATE June 5 1937

19. UNDERTAKER Thos. Kurtis (ADDRESS) 2900 Gravois Ave.

20. FILED JUN 3 1937 J. J. Buedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2/37 , 19

22. I HEREBY CERTIFY, That I attended deceased from Mar. 29/37, 19, to June 2/37, 19. I last saw him alive on June 2/37, 19. Death is said to have occurred on the date stated above, at 11.52 A.M. P.M.

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

	Date of onset
Toxic Myocarditis	5-18-37
Other contributory causes of importance: General Paralysis of insane	3-29-37-x

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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) M. T. Moore, M.D., M. D.

(Address) 5400 Arsenal St.