

AUG - 5 1937

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 mo. (No. Barnes Hosp.) (St. Granite City Ward)

File No. **26036**  
Registered No. **7210**

2. FULL NAME Tommy Kudelka

(a) Residence, No. NR St. Granite City Ward. Ill.  
(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 Elyzabeth Body

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min. about 72

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. laborer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Stamping Co  
10. Date deceased last worked at this occupation (month and year) July 18 25 11. Total time (years) spent in this occupation 17 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hungary

13. NAME Dont know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

15. MAIDEN NAME Dont know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

17. INFORMANT Tommy Kudelka  
(ADDRESS) 1720 Spruce St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Granite City Ill DATE July 20 1937

19. UNDERTAKER J. S. Merber  
(ADDRESS) Granite City, Ill.

20. FILED JUL 29 1937 J. F. Bredeck  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7 - 26 - 1937

22. I HEREBY CERTIFY, That I attended deceased from 7 - 6 - 1937 to 7 - 26 - 1937

I last saw him alive on 7 - 26 - 1937. Death is said

to have occurred on the date stated above, at 7:15 a.m.

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

Carcinoma of esophagus  
Peptic ulcer

Date of onset

PE?

Other contributory causes of importance:

Peritonitis from perforated  
peptic ulcer  
Broncho-pneumonia, terminal

Date of onset

One day

Name of operation Gastrotomy Date of 7-18-37

What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury .....

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) Emmett B. Drescher, M. D.

(Address) BARNES HOSPITAL

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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