Y -9 1939

REC'D JUN 8 1939

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

Do not use this space. 0

19754

1. PLACE OF DEATH
County St. Louis
Township ~~Carondelet~~
City Mattese (No. Meramec Bottom Road Butler Lake St. Ward)

Registration District No. 784
Primary Registration District No. 200

File No.
Registered No. 847

2. FULL NAME Edward Chlanda
(a) Residence, No. 1832 Victor St. St., Ward.
(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.

453

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-9-24

7. AGE YEARS 14 MONTHS 9 DAYS 28 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, bookkeeper, etc. school boy
9. Industry or business in which work was done, as silk mill, sawmill, 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) Missouri 0

FATHER
13. NAME August Chlanda 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

MOTHER
15. MAIDEN NAME Clara Mc Cue
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) August Chlanda 1832 Victor

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peter-Paul DATE May 10/39 19

19. UNDERTAKER (ADDRESS) Fendler Und Co 707 7420 Michigan

20. FILED MAY -9 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7, 1939 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last saw h..... alive on ....., 19.... Death is said to have occurred on the date stated above, at 3PM m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Accidental drowning in private lake.	5/7/39

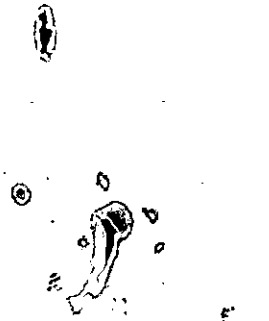
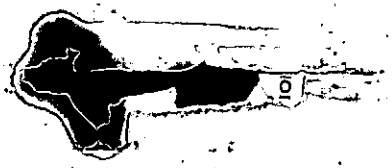
Other contributory causes of importance: 183 36

Name of operation ..... Date of .....
What test confirmed diagnosis? physical signs Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 5/7/39
Where did injury occur? Mattese, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Private lake
Manner of injury Fell into lake.
Nature of injury Drowning.

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.
(Signed) John Connell 4 M.D.
(Address) Coroner of St. Louis County. Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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