DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REGD SEP 14 1939

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28054

Registration District No. 791 1008

Primary Registration District No.

Registrar's No. 7554

1. PLACE OF DEATH: 1

(a) County

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Anthonys Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County

(c) City or town St. Louis 16
(If outside city or town limits, write "RURAL")

(d) Street No. 3635 Hydraulic Ave
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 35 Yrs years.

3. (a) PRINT FULL NAME Joseph Tomcala 524

3. (b) If veteran, name war None

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Tomcala

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Abt. 1880 Unknown
(Month) (Day) (Year)

8. AGE: Years Abt. 59 | Months Unknown | Days | If less than one day hr. min.

9. Birthplace Czechoslovakia
(City, town, or county) (State or foreign country)

10. Usual occupation Blacksmith

11. Industry or business

FATHER
12. Name Joseph Tomcala
13. Birthplace Czechoslovakia
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Veronica Nitra
15. Birthplace Czechoslovakia
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature ~~Frances Hronicek~~ Frances Hronicek

(b) Address 1327 Allen, Ave.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Sept 1-1939 (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Cremation

18. (a) Signature of funeral director Wm C Mosbell

(b) Address 1926 Allen Avenue

19. (a) AUG 31 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 30
year 1939 hour 5 minute 45 a.M.

21. I hereby certify that I attended the deceased from July 1, 1939, to Aug 30, 1939; that I last saw him alive on Aug 29, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary thrombosis	4 wks
Due to arteriosclerosis	several yrs.
Due to	
Other conditions: Chronic myocarditis (Include pregnancy within 3 months of death)	several mo.

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Wm J. Hoffman MD (M. D. or other)

Address 3804 Wilmington Ave. Date signed 8/31/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

NOV. 8-1939 1 X19511

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Benj. C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.