DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JUN 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16516

Registration District No. 7917 Primary Registration District No. 1003 Registrar's No. 3994

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis 1
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 14 Days (Specify whether
In this community 40 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis. 15
(If outside city or town limits, write "RURAL")

(d) Street No. 4716 A S. Compton Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A. 40 Years. years.

3. (a) PRINT FULL NAME FRANK VONDRA. 536

3. (b) If veteran, name war

3. (c) Social Security No. 492-01-7346

4. Sex MALE WHITE

5. Color or race

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

6. (b) Name of husband or wife JOSEPHINE VONDRA

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased July 19 1875
(Month) (Day) (Year)

8. AGE: Years 64 Months 9 Days 15 If less than one day hr. min.

9. Birthplace BOHEMIA 7
(City, town, or county) (State or foreign country)

10. Usual occupation SHOE WORKER

11. Industry or business Int. Shoe Co. 7

FATHER
12. Name (unk) VONDRA
13. Birthplace Bohemia 7
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Bohemia
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Josephine Vondra
(b) Address 4716 A S Compton Ave. 4716 A S Compton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 6./40
(Month) (Day) (Year)

(c) Place: burial or cremation New S. S. Peter & Paul

18. (a) Signature of funeral director [signature]
(b) Address 2906 Gravois Ave.

19. (a) MAY 4 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3
year 1940 hour 7 40 A M minute M.

21. I hereby certify that I attended the deceased from April - 19 -, 1940, to May 2 -, 1940
that I last saw him alive on May 1 -, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Right Lower Lobar Pneumonia

Due to Pneumococcus Infection

Due to

Other conditions Chronic Parenchymatous Nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 [signature] (M. D. or other)
Address 4500 Virginia Date signed 5/2/40

(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.

Rev. 5-17-39 1 X19511

4500 a Virginia
7-8
Dr Strong

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 Leo Budde, Registered Apprentice No. ....., working under my personal supervision.

Signed Leo Budde

Licensed Embalmer No. 3989

P. O. Address St. Louis, Mo

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.