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

Do not use this space. 2850

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 430

City St. Louis (No. City Hospital St. ..... Ward)

1373

2. FULL NAME Dorothy (Grovizich) Grovizich

(a) Residence. No. 1856 A 13 St., 23 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 17 – 1923

7. AGE: Years 4 | Months 2 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Maris
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Don Grovizich
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Sebina
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Maria Sinovich
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Serbia
(STATE OR COUNTRY)

14. INFORMANT Hospital Information
(Address) E Kirwan City Hospital

15. FILED ....., 19.. Max C Starkeoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 11 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 22, 1927, to Jan 11, 1928, that I last saw h. 9 alive on Jan 11, 1928, and that death occurred, on the date stated above, at 6 – P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar pneumonia
109
290 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Chronic otitis media, left
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 101A

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Henry C. Westerman, M. D.

1/12, 1928 (Address) City Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mount Hope | DATE OF BURIAL: Jan 13 1928

20. UNDERTAKER: Arendes U. Co. | ADDRESS: 1715 Pg 9th

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.

Gorvigich