

**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.....
Township..... Primary Registration District No.....
City St. Louis (No. City Hosp.)

File No. 25325
Registered No. 7130
St. Ward)

2. FULL NAME

Dorothy Bouzek

(a) Residence. No. 6270 Southwest Ave. St., 3 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. 1 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) Single |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | |
| 6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov. 13 1917</u> | | |
| 7. AGE YEARS | MONTHS | DAYS |
| <u>10</u> | <u>7</u> | <u>24</u> |
| IF LESS than 1 day, hrs. or min. | | |

8. OCCUPATION OF DECEASED 181

(a) Trade, profession, or particular kind of work School Girl

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) HighRidge
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Chas. Bouzek

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Clara Frank

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) HighRidge
(STATE OR COUNTRY) Mo.

14. INFORMANT Mrs Clara Lotykab
(Address) 6870 Southwest

15. FILED 111 -9 1928 Max C. Standley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 7 1928

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., (that I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at..... 3:50 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shock & Burns
(1 x 2 degree)
due to clothing being ignited while pouring Gasoline on fire

18. WHERE WAS DISEASE CONTRACTED Accident
IF NOT AT PLACE OF DEATH.....
no building involved street
DID AN OPERATION PRECEDE DEATH? 8 Date of
WAS THERE AN AUTO ACCIDENT? 8

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. W. Kemmer, M.D.
7/9, 1928 (Address) St. Louis

*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 Oak Hill Cemete ry DATE OF BURIAL July 9 19 28

20. UNDERTAKER A. W. McLaughlin ADDRESS 1631 9th

THIS IS 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.

