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

Do not use this space.
8413

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St Louis (No. 4 Lesian Bro Hos St. ..... Ward)

File No. .....
Registered No. 2076

2. FULL NAME Joseph Dobrotinic

(a) Residence. No. 4837 Oleatha Ave. St. ..... Ward. St Louis Co. Mo
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 30 yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? 30 yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Dobrotinic

6. DATE OF BIRTH (MONTH, DAY AND YEAR) about 1881

7. AGE: About 48 | YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER .....
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Unknown

14. INFORMANT Joseph Dobrotinic
(Address) 4837 Oleatha Av. Co

15. FILED FEB 14 1929 Wm C Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 12 1929

17. I HEREBY CERTIFY, That I attended deceased from 10 days Feb, 1929 to February 12, 1929, that I last saw him alive on February 12, 1929, and that death occurred, on the date stated above, at 9:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
1 Lobar Pneumonia
2 P.
3 921
(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY) Chronic Myocarditis
(duration) 3 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? .....
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. Robert Sneider, M. D.
Feb 13, 1929 (Address) 1012 Beyerao

*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: SS Peter & Paul
DATE OF BURIAL: Feb 15 1929

20. UNDERTAKER: Wm. B. Moydell
ADDRESS: 1926 Allen Av

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.

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