WRITE PLAINLY, WITH UNFADING INK—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.

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

Do not use this space.

13305

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

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

File No. .....

Registered No. 3872

19640

2. FULL NAME Conrad Donis

(a) Residence. No. 4653 Ray St., 15 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 4 - 1853

7. AGE: Years 75 | Months 8 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Nehej 127
(b) General nature of industry, business, or establishment in which employed (or employer): Labor 129
(c) Name of employer

237

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russia

23

PARENTS

10. NAME OF FATHER: Peter Donis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Russia

23

12. MAIDEN NAME OF MOTHER: Elizabeth King

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Russia

23

14. INFORMANT: Hospital Informant
(Address): E. Rankin City Hospital

15. FILED 21 1929, 19 Max C. Harkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 29 1929

17. I HEREBY CERTIFY, That I attended deceased from March 29, 1929, to March 29, 1929, that I last saw him alive on March 29, 1929, and that death occurred, on the date stated above, at 4 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Gangrene of Gall Bladder ruptured with general peritonitis (cause not known) (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 124A

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

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

3/30 (Signed) John W. Hoff M.D.

30, 1929 (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: St. Mathews Cem.

DATE OF BURIAL: Apr. 1 1929

20. UNDERTAKER: Fendler Ind. Co

ADDRESS: 7819 Mich. Av.

Doris