

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

Do not use this space.
31768

1. PLACE OF DEATH

County..... Registration District No. **701**
Township..... Primary Registration District No. **1003** File No.....
City **St. Louis Mo.** (No. **St. Louis Maternity Hospital** St. **9437** Ward)

2. FULL NAME

Dorothy Medock
(a) Residence. No. **7513 Woodland Ave. 12** Ward. (If nonresident give city or town and State)
Length of residence in city or town where death occurred **St. Louis county** yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) **9-30 1930**

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

17. I HEREBY CERTIFY That I attended deceased from **11 PM 9-27 1930**, to **9-30 1930**, that I last saw her alive on **9-30-30 1930**, and that death occurred, on the date stated above, at **10-10 A. M.**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Oct 26 - 1912**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	17	11	4	

Eclampsia (duration) yrs. mos. da.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Housewife**
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer **Home**

CONTRIBUTORY (SECONDARY) Pregnancy (duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) **St. Louis Mo.** (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH. **Delivery 9/28/30**

10. NAME OF FATHER Frank D. Marty

18. DID AN OPERATION PRECEDE DEATH? **NO** DATE OF _____
18. WAS THERE AN AUTOPSY? **yes**

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

WHAT TEST CONFIRMED DIAGNOSIS? **Routine**
(Signed) **John B. O'Neill**, M. D.
, 19 (Address) **630 So. Kingshighway**

12. MAIDEN NAME OF MOTHER Julia Bouhek

*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.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **St. Louis Mo.** (STATE OR COUNTRY)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **New St. Marcus** **DATE OF BURIAL** **10-3 1930**

14. INFORMANT **Jos. Marty** (Address) **2311 Northland Ave.**

20. UNDERTAKER **Dr. C. Moydell** **ADDRESS** **1926 Allen**

15. FILED **19** **REGISTRAR**

