

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

Do not use this space.

10224

1. PLACE OF DEATH

County..... Registration District No. 79
 Township..... Primary Registration District No. 1033
 City St. Louis (No. 1418 & Biddle)
 St. _____ Ward _____

File No. _____
 Registered No. 2243
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St., 125 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rose Dobransky</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unk</u>		
7. AGE YEARS <u>ab 60</u>	MONTHS	DAYS If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>dry goods retailer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>retired</u>	
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Korovo Russia</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>do do</u>	
MOTHER	15. MAIDEN NAME <u>do</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>do do</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Rose Dobransky</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE (ADDRESS) DATE <u>Chapel of the Most Holy 3/8/32</u>		
19. UNDERTAKER (ADDRESS) <u>W. Berger</u>		
20. FILED <u>VAR</u> 19 <u>32</u> <u>Miss Dobransky</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7 1932

22. I HEREBY CERTIFY, That I attended deceased from FEBRUARY 3 1932 to March 7 1932

I last saw h. 1m alive on March 7 1932. Death is said to have occurred on the date stated above, at 8 A. m.

The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency Date of onset 6Mos.

Hepatic Carcinoma 8Mos.

Other contributory causes of importance:

Name of operation 466 Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

(Signed) W. Moore M. D.
 (Address) 1336 Franklin St. Louis Mo

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.

