

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

Do not use this space.

14003

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 1000
City St. Louis (No. De Paul Hospital)

File No.
Registered No. 3308
St. Ward)

2. FULL NAME

Stanislar Domijan
(a) Residence, No. 1475 Rowan St., Ward. 16
(Usual place of abode)

Length of residence in city or town where death occurred 13 yrs. 5 mos. 2 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 31, 1918

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
13 5 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At school

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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) St. Louis Mo

13. NAME Nick Domijan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Croatia

15. MAIDEN NAME Mary Jercinovic

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Croatia

17. INFORMANT (ADDRESS) Nick Domijan 1475 Rowan

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 4-6-1932

19. UNDERTAKER (ADDRESS) W. J. McDell 1920 Allen St.

20. FILED 02 - 1 1932 W. J. McDell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-3-1932

22. I HEREBY CERTIFY, That I attended deceased from 4-2-1932 to 4-3-1932, 1932
I last saw him alive on 4-3-1932. Death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

3
Lobar Pneumonia 3-29-32
104
36
1208 1080
Other contributory causes of importance:
Colitic Infections
(Strepococci)

Name of operation..... Date of.....
What test confirmed diagnosis..... there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury....., 19.....
Where did injury occur? no (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? no
If so, specify.....
(Signed) W. J. McDell, M. D.
(Address) 1920 Allen St.

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.

