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.

18487

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 4749

City St Louis Mo (No. City Hospital #1 St. ..... Ward)

2. FULL NAME Joseph Dombek

(a) Residence, No. 834 Brooklyn St., 26 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 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) 1878

7. AGE About YEARS 55. 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. Laborer

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

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) Rus Poland

FATHER

13. NAME Joseph Dombek

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

MOTHER

15. MAIDEN NAME Dont Know

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

17. INFORMANT (ADDRESS) John B. Brockland 1827 Hogan St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE June 1st 1933

19. UNDERTAKER (ADDRESS) A. Brockland L & U. Co 1421 N. 9 St.

20. FILED MAY 31 1933 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No phy. seen in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19.... to ..... 19....

I last saw him alive on ..... 19.... Death is said to have occurred on the date stated above, at 4.45 p.m.

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

Date of onset

Shock & Injuries (Internal Haemorrhage - Fractured Ribs) received when struck by auto in St. Louis, Mo.

Other contributory causes of importance:

Deceased was a pedestrian

Accident

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accid. Date of injury 5/29, 1933

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Struck by auto

Nature of injury Internal Haemorrhage

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Frank P Furlong, M.D.

(Address) Coroner