

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

Do not use this space.

27807

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 15003
City St. Louis (No. St. Anthony's Hosp.) St. _____ Ward _____

File No. _____
Registered No. 6833
St. _____ Ward _____

2. FULL NAME

Anna Dochnal
(a) Residence, No. 4620 Ray Ave. St. 15 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 Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>(write the word)</i> Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joe Dochnal		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 24th, 1901		
7. AGE	YEARS	MONTHS
	31	7
		DAYS
		12
		If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife
	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)..... **Austria**
(STATE OR COUNTRY)

FATHER
13. NAME **Joe. Dochnal**

14. BIRTHPLACE (CITY OR TOWN)..... **Austria**
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME **Not-known**

16. BIRTHPLACE (CITY OR TOWN)..... **Not-known**
(STATE OR COUNTRY)

17. INFORMANT Joe. Dochnal
(ADDRESS) 4620 Ray Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Burial DATE Aug. 8th 1933

19. UNDERTAKER J. Schumacher
(ADDRESS) 3013 Meramec Street

20. FILED AUG - 7 1933
J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 5th.** 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 29 1929, to June Aug 5 1933
I last saw h..... alive on Aug 5 1933 Death is said to have occurred on the date stated above, at 10 am
The principal cause of death and related causes of importance were as follows:

Mitral Stenosis & Dementia Date of onset Nov 1928
(Rheumatic Heart Disease)
92A
95C

Other contributory causes of importance:
92A
95C

Name of operation..... Kern Date Sept 1933
What test confirmed diagnosis? Physical exam Was there an autopsy? Yes

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? No
If so, specify.....
(Signed) Robert G. Marshall M. D.
(Address) Two so Bag 11 hours 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.

SEP 26 1933

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3
3
21

Francis Bldg. Gov. 0198
6775 Leona Riv. 1618