

FEB 21 1935

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

Do not use this space.

## 1. PLACE OF DEATH

County.....  
Township.....  
City.....

Registration District No. 791  
1000

Primary Registration District No. 5406 Robin

File No. 935  
3618  
Registered No.....  
St. .... Ward)

## 2. FULL NAME

(a) Residence, No. 5406 Robin St. 7 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 Male  
4. COLOR OF 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) June 13 - 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
40 7 12

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Eye maker

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

10. Date deceased last worked at this occupation (month and year) present time  
11. Total time (years) spent in this occupation 9

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

13. NAME Robert Dobas

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

15. MAIDEN NAME Catherine Hognisk

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

17. INFORMANT (ADDRESS) Frances Dobas 5406 Robin

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE 1/28 35

19. UNDERTAKER (ADDRESS) Central and Co 1841 Cass St

20. FILED 26 1935 J.H. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 25, 1935

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

I last saw h..... alive on ..... 19..... Death is said

to have occurred on the date stated above, at 11:45 m.

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

Traumatic Hemorrhage into  
Chamber of Heart, Ruptured  
of Liver, Both lungs lacerated  
received into collision  
between auto in which the  
deceased was riding, and  
another auto in St. Louis, Mo.  
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? Accident Date of injury 1/25, 1935

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.

Manner of injury Public Place

Nature of injury Collision between two autos

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.

(Signed) J.P. Jones M.D.

(Address) 1206/35

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.

