

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.

JUN 4 1935

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

Do not use this space.

14242

1. PLACE OF DEATH

County St. Louis
Township Central
City Clayton (No. _____)

Registration District No. 790
Primary Registration District No. 60339
St. Louis County Hospital

File No. _____
Registered No. 140
St. _____ Ward _____

2. FULL NAME Marie Dolis

(a) Residence, No. 4130 Juniata, St., _____ 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 (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 10-1883

7. AGE YEARS 51 MONTHS 7 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.

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

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 Missouri

13. NAME Frank Mutschler

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

15. MAIDEN NAME Margaret Buegenobuty

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

17. INFORMANT Nicholas Dolis (ADDRESS) 4130 Juniata

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's Paul DATE 4-25 1935

19. UNDERTAKER Geo. J. Hoffmeister (ADDRESS) 4016 Chiffona St.

20. FILED 4/24 1935 Registrar Edw. J. ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/22/35 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 2:15 AM.

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

Hemorrhagic embolism, thru out course of circle of Willis at base of brain. Date of onset 4/21

Other contributory causes of importance: Cerebral hemorrhage and shock.

Name of operation _____ Date of _____

What test confirmed diagnosis? autopsy 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? If so, specify _____

(Signed) Leta B. ... 4/23/35, M. D.

(Address) 3718 Jennings Rd

Registrar Edw. J. ...

Auto collision.

Accident happened at Valley Park, Highway,
#66, near Steuby Airfield,
Larkin and Williams rd.

Verdict of Jury: -

As a result of an automobile
collision. Due to insufficient
evidence, we render an open
verdict.