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.

MAY 13 1935

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

Do not use this space.

14685

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 1315 Allen Ave. St. ..... Ward)

File No. 3521

Registered No. .....

2. FULL NAME Charles Frank Dolejsi

(a) Residence, No. 1315 Allen Ave. St., 23 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. 14 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): Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 1, 1935.

7. AGE: YEARS - MONTHS - DAYS 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

FATHER

13. NAME: Charles Dolejsi

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Missouri

MOTHER

15. MAIDEN NAME: Clara Smity

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Farmington Missouri

17. INFORMANT (ADDRESS): Charles Dolejsi 1315 Allen Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE New Pickers DATE Apr. 19 1935

19. UNDERTAKER (ADDRESS): A. H. McLaughlin 2301 Lafayette Ave.

20. FILED APR 18 1935 19 J. G. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 15, 1935 19

22. I HEREBY CERTIFY, That I attended deceased from 4-14-, 1935, to 4-16-, 1935

I last saw h..... alive on 4-15-, 1935 Death is said to have occurred on the date stated above, at 3 PM m.

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

Vertebrat Pneumonia — Date of onset 4-13-35

Primary Bronchial

107

Other contributory causes of importance:

Name of operation none Date of X

What test confirmed diagnosis? Clinical Was there an autopsy? no

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) Louis F. Mussey, M. D.

(Address) 1831-8-9 [illegible]