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

MAR 12 1936

Do not use this space.

3905

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 1184

Township ..... Primary Registration District No. 1002 Registered No. .....

City St. Louis (No. City Hosp. St. ..... Ward)

2. FULL NAME Dorothy E. Dzurian

(a) Residence, No. 1864a St. Ward 23 (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 F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Paul Dzurian

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 28-17

7. AGE YEARS 18 MONTHS 3 DAYS 2 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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) Illinois

FATHER

13. NAME Fred Martin

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

MOTHER

15. MAIDEN NAME Matilda Levy

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

17. INFORMANT (ADDRESS) Hosp. Inf. Dr. Kenny City Hosp.

18. BURIAL, CREMATION, OR REMOVAL PLACE Chicago Ill DATE Feb 7 1936

19. UNDERTAKER (ADDRESS) W. C. Mydell 1926 Allen Ave

20. FILED FEB - 1 1936 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/30/36

22. I HEREBY CERTIFY, That I attended deceased from 1/23/36, to 1/30/36, 19..

I last saw her alive on 1/30/36, 19.. Death is said to have occurred on the date stated above, at 9 a.m.

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

Post partum infection with generalized peritonitis

Date of onset

Other contributory causes of importance: 145a

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

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

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) A. E. Ottinger, M. D.

(Address) City Hosp.