

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

Do not use this space.

MAY 7 1936

17767

1. PLACE OF DEATH

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

Registration District No.....
Primary Registration District No. **1003**
(No. *Christman Hospital*)

791

File No.....
Registered No. **4552**
St..... Ward)

2. FULL NAME

(a) Residence, No. *4513 Blair* St. *9* Ward.

(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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVERCED (write the word) <i>Widowed</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Theodore Marie</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>2-29-1880</i>		
7. AGE	YEARS	MONTHS
	<i>56</i>	<i>1</i>
		DAYS
		<i>26</i>
		IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<i>At Home</i>
	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) *MO*

13. NAME *John Dorjewsky*

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

15. MAIDEN NAME *Unknown*

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

17. INFORMANT *Mrs Frances Halbach*
(ADDRESS) *4513 Blair Ave.*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Calvary* DATE *4-28-36*

19. UNDERTAKER *N. A. Stock, Med. Co.*
(ADDRESS) *2117 E. Grand Blvd*

20. FILED *APR 24 1936*
J. T. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 25, 1936*

22. I HEREBY CERTIFY, That I attended deceased from
Jan 29 1936 to *April 25* 1936
I last saw *her* alive on *April 24* 1936 Death is said
to have occurred on the date stated above, at *17:30 a.m.*

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

Carcinoma Hepatis

Other contributory causes of importance:

H/O
Cirrhosis Hepatis
nutritional insufficiency, chronic

Name of operation *Amputation* Date of *4/21/36*
What test confirmed diagnosis? *Lab. etc.* 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) *Morris Weissbach*, M. D.
(Address) *Morris Weissbach, St. Louis, Mo.*

Edw. W. Meade

306 N. Grand

Ex. 9579