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.

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

JUL 14 1936

791

Do not use this space.

24813

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 6460

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

2. FULL NAME Sebastian Dochnal

(a) Residence, No. 6023 Eitman Ave. St., 3 Ward. (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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) |
|---|---|---|
| Male | White | Married |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Theresa Dochnal

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 5th. 1881

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | 55 | 5 | 18 | |

OCCUPATION

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

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) Austria

FATHER

13. NAME Sebastian Dochnal

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

MOTHER

15. MAIDEN NAME Magdalena Diener

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

17. INFORMANT (ADDRESS) Theresa Dochnal 6023 Eitman Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sunset Burial Pk. DATE June 26th. 36

19. UNDERTAKER (ADDRESS) William Schumacher 3013 Meramec Street

20. FILED JUN 25 1936 J F Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23rd. 1936

22. I HEREBY CERTIFY, That I attended deceased from June 8, 1936, to June 23, 1936

I last saw him alive on June 23, 1936. Death is said to have occurred on the date stated above, at 8/20pm

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

Carcinoma of Pancreas — Date of onset

Primary seat in pancreas

46

Other contributory causes of importance:

Carcinoma of liver — ?

multiple metastatic

Name of operation Laparotomy Date of 6-22-36

What test confirmed diagnosis? Clin + operation 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? ✓

If so, specify ✓

(Signed) J F Cleveland, M. D.

(Address) 5930 Southwest Ave

59.30 Southwest