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

FEB 8 1937

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 3332

Township ..... Primary Registration District No. 1003 Registered No. 363

City St. Louis (No. 1216 A Ann Ave St. ..... Ward)

2. FULL NAME Michael Dolinar

(a) Residence, No. 1216 A Ann Ave St., 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? 45 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Ursala Dolinar

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 6. 1875

7. AGE: YEARS 62 | MONTHS - | 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.: Chipper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Iron Foundry
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): Crotia

FATHER

13. NAME: Michael Dolinar
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Crotia

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Ursala Dolinar 1216 A Ann Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE S. SPeter & Paul DATE Jan. 11, 37.

19. UNDERTAKER (ADDRESS): Jos. L. Mordell 1926 Allen Ave.

20. FILED ..... 19 ..... F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 8. 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1936, to Jan 8, 1937

I last saw him alive on Jan. 7, 1937. Death is said to have occurred on the date stated above, at 1/30 A.M.

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

Emphysema of Thorax — Date of onset Dec 1/36
Cause unknown

Other contributory causes of importance: 110

Name of operation Drainage Date of 12/1/36

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) [signature], M. D.

(Address) 2924 S Grand Av