

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.

APR 20 1937

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

Do not use this space.

12321

1. PLACE OF DEATH

County Jefferson Registration District No. 423 File No. 12321
Township W. Cook Primary Registration District No. 5578 Registered No. 6
City St. Louis (No. 1) Ward 1

2. FULL NAME

Still Born (Dohack)

(a) Residence, No. St. 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 15, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Still Born

22. I HEREBY CERTIFY, That I attended deceased from , 1937 to , 1937

I last saw h. alive on Mar. 14, 1937 Death is said to have occurred on the date stated above, at m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 14, 1937

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

7. AGE YEARS MONTHS DAYS If LESS than 1 Still hrs. or 30 min.

Still born Date of onset

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

Other contributory causes of importance: Cord Strangulation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kimmswick Mo.

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

13. NAME George Dohack

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kimmswick Mo.

15. MAIDEN NAME Cather During

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hillsboro Mo.

17. INFORMANT George Dohack (ADDRESS) Kimmswick Mo.

18. BURIAL, CREMATION, OR REMOVAL St. Johns Lutheran Cemetery PLACE DATE March 15, 1937

19. UNDERTAKER Heiligste Funeral Home (ADDRESS) Kimmswick Mo.

20. FILED Mar 15, 1937 Phil J. Wisk Registrar.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) O. J. Reich M. D.
(Address) Kimmswick Mo.

