MAY 7 1937

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

Do not use this space.

14890

1. PLACE OF DEATH

County 00 Registration District No. 791 File No. 4386

Township Primary Registration District No. 1003 Registered No.

City Isolation Hospital (No. , St. Ward)

2. FULL NAME Mary E. Dolmani

(a) Residence, No. 4148 Burgen St., 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)
Female	White	Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 28, 1936.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	1	11	28	

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri.

FATHER

13. NAME Walter Dolmani

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER

15. MAIDEN NAME Mildred Myrick

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri.

17. INFORMANT (ADDRESS) B. Buttenuth.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE April 29 1937

19. UNDERTAKER (ADDRESS) Bronsching Und Co 4740 Ft. Hopkins ave

20. FILED APR 28 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-26 — 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-26 12:30 A.M. 1937, to 4-26 (7:53 A.M. 1937

I last saw h.e.r. alive on 4-26 — 1937. Death is said to have occurred on the date stated above, at 7:57 A.M.

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

	Date of onset
Streptococcic Sore Throat;	4-25-37
Non Diptheretic	

115a

Other contributory causes of importance:
Edema of glottis + Larynx

Name of operation Tracheotomy Date of 4-26-37

What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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) Henry J. Ulrich, M. D.

(Address) 5600 Arsenal St

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.