

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

**32523**  
Do not use this space.

791

1003

Registered No. 8577

**1. PLACE OF DEATH**

(a) County..... Registration District No.....  
 (b) Township..... Primary Registration District No.....  
 (c) City St. Louis..... (d) Street No. Missouri Baptist Hosp. St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** N. Mr. Otto Dobrzanski

(a) Residence, No. Route #2, Box 965 St. Clayton, Missouri  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**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 Lydia Dobrzanski

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
48 2 6

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. meat cutter  
 9. Industry or business in which work was done, as 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) no.

FATHER 13. NAME Otto Dobrzanski

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

MOTHER 15. MAIDEN NAME Johanna Rautger

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

17. INFORMANT (ADDRESS) Lydia Dobrzanska  
RR 2 Box 965 Clayton

18. BURIAL, CREMATION, OR REMOVAL PLACE St Paul date 9-15 1937

19. FUNERAL DIRECTOR (ADDRESS) Louis H. Boyer  
Kirkwood, Mo.

20. FILED SEP 13 1937 J. Bredeck  
 Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 12 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1 1937 to Sept. 12 1937

I last saw him alive on Sept. 11 1937 Death is said to have occurred on the date stated above, at 7:40a.

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

gastric ulcers Date of onset 8 yr.  
MM

Other contributory causes of importance:  
Hemorrhagic nephritis Acute 1 mo.  
Cause unknown

Name of operation partial gastric resection  
 What test confirmed diagnosis? operation 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? NO.  
 If so, specify .....  
 (Signed) James P. Blawieck M. D.  
 (address) 2608 S. Kingshighway

WRITE PLAIN, 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.

687

Case 3310

STATEMENT BY LICENSED EMBALMER

I, John M Meyer, Licensed Embalmer No. 3288

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed John M Meyer  
Licensed Embalmer No. 3288

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**