DEC 28 1937

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

42510
Do not use this space.

1. PLACE OF DEATH
(a) County ST LOUIS Registration District No. 1123
(b) Township Carrond ST Primary Registration District No. 6248 F1 Registered No. 472
(c) City Afton (d) Street No. Afton Mo. 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 18 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MATHIAS DOCHNAL
(a) Residence, No. AFTON, MO. St.
(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: THERESA DOCHNAL
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): JAN 20TH 1871
7. AGE: YEARS 66 MONTHS 10 DAYS 7 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. VAULT MFGR.
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) NOV 8, 1937
11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): HUNGARIA.

FATHER
13. NAME: SEBASTIAN DOCHNAL
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): HUNGARIA.

MOTHER
15. MAIDEN NAME: KATHERINE (UNKNOWN)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): HUNGARIA.

17. INFORMANT (ADDRESS): THERESA DOCHNAL. AFTON, MO.
18. BURIAL, CREMATION, OR REMOVAL
PLACE OLD ST PETERS & PAUL DATE 11-30-37 19
19. FUNERAL DIRECTOR (ADDRESS): MULLEN BROS. 4259 LINDELL BLVD.
20. FILED NOV. 29 1937 G Mowry Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV 27 1937
22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1935, to Nov 27, 1937
I last saw him alive on Nov 27, 1937. Death is said to have occurred on the date stated above, at 10 45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	Jan 1937
46	
Other contributory causes of importance: Myocarditis	1931

Name of operation None Date of —
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) Herman J. Kloecker M. D.
(Address) 962 Lackland Rd.

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-7-20-37 I X12004

MAY 5 1948

STATEMENT BY LICENSED EMBALMER

I, W M Rogers, Licensed Embalmer No. 3905

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

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed W M Rogers

Licensed Embalmer No. 3905

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.)