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.

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 1008

Township ..... Primary Registration District No. .....

File No. 38944

Registered No. 11064

City St Louis (No. City Hospital St. ..... Ward)

12985

2. FULL NAME Mary Doslak

(a) Residence, No. 151 Victor St., 23 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10-1887

7. AGE: YEARS 44 | MONTHS 6 | DAYS 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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 1321 103

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

FATHER

13. NAME George Maruschak

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

MOTHER

15. MAIDEN NAME Helen Nurkenown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

17. INFORMANT (ADDRESS) Hospital Information Grace Kupp City Hospital

18. BURIAL, CREMATION, OR REMOVAL

PLACE St Mathews DATE Nov 4 1931

19. UNDERTAKER (ADDRESS) Wm C Mogdell 1926 Allen and

20. FILED NOV -3 1931 19 Max C Starkey Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 2nd, 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 26th, 1931, to Nov. 2nd, 1931

I last saw her alive on Nov. 2nd, 1931. Death is said to have occurred on the date stated above, at 5:25 a.m.

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

	Date of onset
Intestinal Obstruction (Mechanical due to Adhesions)	10/14/31
Post-operative Lobar Pneumonia	11/1/31

Other contributory causes of importance:
Cause of Adhesion from a previous operation cause of same unknown

Name of operation Release of Adhesions Date of 10/30/31

What test confirmed diagnosis? Operative & 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?

If so, specify .....

(Signed) Carl J Holz, M. D.

(Address) City Hospital

Doslak