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.

OCT 11 1934

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

Do not use this space.

34592

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 9399

City St Louis (No. En Route City Hospital #1 St. ..... Ward)

2. FULL NAME Robert Dostal

(a) Residence, No. 1839 S 12 St., 23 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 male

4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1891

7. AGE YEARS about 43 MONTHS DAYS Unknown If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Oiler 205

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Water Works 205

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 Mo

FATHER

13. NAME Robert Dostal 8

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

MOTHER

15. MAIDEN NAME Barbara Wojtisek

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

17. INFORMANT (ADDRESS) Rudolph Dostal 1839 S 12 St.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Picker DATE Sept. 25 1934

19. UNDERTAKER (ADDRESS) Brian C. Mondell 1926 Allen av

20. FILED SEP 25 1934 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 24, 1934

22. No Physician in attendance I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 9 30 a.m.

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

265

	Date of onset
205 Traumatic Multiple Lacerations and Tears of Abdomen, legs, right arm, all abdominal viscera received when crushed and mangled by a pump at the City Water Works in St. Louis, Mo while oiling & cleaning pump	73

Other contributory causes of importance:

Name of operation Accident Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accid Date of injury Sept 24, 1934

Where did injury occur? St Louis, Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In Industry

Manner of injury Crushed by pump

Nature of injury Multiple Lacerations & Tears of abdomen

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify Deceased was an oiler

(Signed) John J. Sweeney, M.D.

(Address) Deputy Coroner

Sept. 25, 1934

100M-11-24-33