

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

Do not use this space.

**1. PLACE OF DEATH**

County.....  
Township.....  
City **St. Louis**

**FEB 8 1937 791**  
Registration District No. ....  
Primary Registration District No. ....  
(No. **4331 A Lafayette Ave.**)

File No. **3931**  
Registered No. **920**  
St. .... Ward

**2. FULL NAME** **Dora Tozer**

(a) Residence, No. **4331 A Lafayette Ave.**, **17** 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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF **Late John Tozer** (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 1st 1865**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<b>71</b>	<b>8</b>	<b>20</b>	

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.	<b>Housewife</b>
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	

12. BIRTHPLACE (CITY OR TOWN) **Hermann** (STATE OR COUNTRY) **Mo.**

13. NAME **John Guttman**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Mrs. Hubert Fowler** (ADDRESS) **4331 A Lafayette Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **1-23**, 19**37**

19. UNDERTAKER **Kriegshauser Mortuaries** (ADDRESS) **4228 So. Kingshighway**

20. FILED BY **J. F. Bredeck** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 21**, 19**37**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 14**, 19**37**, to **Jan 21**, 19**37**.  
I last saw her alive on **Jan 19**, 19**37**. Death is said to have occurred on the date stated above, at **2:30 A.M.**

The principal cause of death and related causes of importance were as follows:  
**Myocardial & cerebral failure?**  
**Hypertension?**

Other contributory causes of importance: **93C**  
**Sinuity**

Name of operation **None** Date of.....  
What test confirmed diagnosis..... Was there an autopsy?.....

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) **Walter H. Hoefling**, M. D.  
(Address) **1700 Tower Lane**

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.

**JAN 21 1937**

Dr. Hoeler  
1700 Tower Grove Ave.  
3to4 P.M.