

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

DEC 13 1937

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Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **City Hospital** 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

Dorothy Eugenia Pavlick

(a) Residence, No. **830 N. Kingshighway Blvd.** St. **12** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 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) **Dec. 31st, 1917**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
19 10 20

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Bookkeeper**
 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) **St. Louis, Mo.**

FATHER 13. NAME **Herman Pavlick**

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

MOTHER 15. MAIDEN NAME **Clinnie Dill**

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

17. INFORMANT (ADDRESS) **Herman Pavlick 830 N. Kingshighway Blvd.**

18. BURIAL, CREMATION, OR REMOVAL **Valhalla Crematory** DATE **Nov. 24th, 1937**

19. FUNERAL DIRECTOR (ADDRESS) **W. Hermann Kanal 1905 Union Blvd.**

20. FILED **NOV 22 1937** **St. Bredeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 21st 1937**

22. 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 **10:55 A.M.**

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

Fracture of skull, laceration of brain and hemorrhage, when head caught in which deceased was riding, driven by one Lloyd Hill, struck a passenger

Other contributory causes of importance: *truck on Newstead near North Market about 2:35 A.M. Nov 21, 1937.*

Name of operation..... 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 *gun truck* Date of injury **11/21, 1937**
 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.

Manner of injury *Public Place*
 Nature of injury *truck struck auto*
fract skull hemorrhage

24. Was disease of injury in any way related to occupation of deceased? If so, specify:.....
 (Signed) **Joseph M. Quinn** M.D.
 (Address) **Deputy Coroner**

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.

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STATEMENT BY LICENSED EMBALMER

I, Licensed Embalmer No.

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

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Warren Carter

Licensed Embalmer No. 3534

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.)