No. 2
-1/47
17-39

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 16 1948 318
Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 2437
Registrar's No. 97

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Macaupin
(c) City or town Mt. Olive
(If outside city or town limits, write "RURAL")
(d) Street No. N.R. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Peter Dobrinick
3. (b) If veteran, name war None
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frieda Dobrinick
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased June (Month) 29 (Day) 1890 (Year)
8. AGE: Years 57 Months 6 Days 4 If less than one day ... hr. ... min.
9. Birthplace (City, town, or county) Yugo Slavia (State or foreign country)
10. Usual occupation Coal Miner
11. Industry or business Mining
FATHER 12. Name Unknown Dobrinick
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
MOTHER 14. Maiden name Unknown Dobrinick
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Frieda Dobrinick
(b) Address Mt. Olive, Illinois
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/3/48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive, Illinois
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.,
19. (a) JAN 5 1948 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 3 year 1948 hour 6 minute 50 A.M.
21. I hereby certify that I attended the deceased from Dec 30, 1947 to Jan 3, 1948
that I last saw him alive on Jan 3, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Broncho pneumonia; Cor Pulmonale	4 days; ?
Due to: Pulmonary Emphysema	?
Due to:	
Other conditions (Include pregnancy within 3 months of death) —	
Major findings: Of operations —	
Of autopsy: Br. Pneu. Cor Pulmonale; Pulm Emphysema	

PHYSICIAN— Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) —
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? — (e) Means of injury
23. Signature Arthur E. Strauss (M. D. or other) M.D.
Address 529 N. Grand Date signed 1/3/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by..., Registered Apprentice No........................., working under my personal supervision.

Signed Elmo R. Gadwell

Licensed Embalmer No. 4077

P. O. Address.........................

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.)

If this body is not embalmed, fact should be so stated above.