

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

Do not use this space.

16678

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Townsh. **St. Louis** Primary Registration District No. **1003** File No. ....  
 City **St. Louis** (No. **4037** **Penrose Street**) St. **10** Registered No. **4577** (Ward)

**2. FULL NAME**

**Emily P. Dohrendorf**  
 (a) Residence. No. **4037 Penrose** St. **10** Ward. ....  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Female **4. COLOR OR RACE** white **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) **Widow**

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** **Ferdinand H. Dohrendorf** **December 18, 1926**

**6. DATE OF BIRTH** (MONTH, DAY AND YEAR) **Sept. 6, 1869**  
**7. AGE** YEARS MONTHS DAYS **65 8 9** **IF LESS than 1 day, ... hrs. or ... min.**

**8. OCCUPATION OF DECEASED**  
 (a) Trade, profession, or particular kind of work **At Home**  
 (b) General nature of industry, business, or establishment in which employed (or employer).....  
 (c) Name of employer.....

**9. BIRTHPLACE** (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Mo.**

**10. NAME OF FATHER** **Peter Haumann**

**11. BIRTHPLACE OF FATHER** (CITY OR TOWN) **Germany** (STATE OR COUNTRY).....

**12. MAIDEN NAME OF MOTHER** **Wilhelmina Diehl**

**13. BIRTHPLACE OF MOTHER** (CITY OR TOWN) **Germany** (STATE OR COUNTRY).....

**14. INFORMANT** **Arthur W. Dohrendorf** (Address) **4037 Penrose Street**

**15. FILED** **May 6 1927** **Max B. Staroboff** (Registered)

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH** (MONTH, DAY AND YEAR) **May 15, 1927**  
**17.** I HEREBY CERTIFY, That I attended deceased from **June 18, 1926**, to **May 15, 1927** that I last saw him alive on **May 15, 1927**, and that death occurred, on the date stated above, at **5:30 P. M.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
**97 Cerebral Haemorrhage**  
**Apoplexy**  
 (duration) yrs. mos. da. **1 da.**

CONTRIBUTORY (SECONDARY) **Arterio Sclerosis**  
 (duration) yrs. mos. da. ....

**18. WHERE WAS DISEASE CONTACTED?** **74th St**  
 IF NOT AT PLACE OF DEATH.....

**9** DID AN OPERATION PRECEDE DEATH?..... DATE OF.....  
 WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS.....  
 (Signed) **J. H. Conrad** M. D.  
**5/16, 1927** (Address) **417 Wall Bldg.**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** **Oak Grove** **DATE OF BURIAL** **May 18, 1927**

**20. UNDERTAKER** **Math. Hermann & Son** ADDRESS **4037 Penrose St. St. Louis**

K. E.—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.

DEPARTMENT RECORD

