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.

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

Do not use this space.

7346

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. .....

City St. Louis (No. Missouri Baptist Hospital St. ..... Ward)

File No. .....

Registered No. 1295

2. FULL NAME Charles E. Doerr,

(a) Residence, No. 3551 Marshall Ave St., 12 Ward. St. Louis Co.
(Usual place of abode) (If nonresident, give city or town and State)

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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 7, 1887

7. AGE: YEARS 45 | MONTHS 11 | DAYS 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Street Car

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: Charles Doerr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Prarie Du Rocher, Ill

MOTHER

15. MAIDEN NAME: Carrie Von Ende

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT (ADDRESS): Mrs Ethel Doerr 3551 Marshall

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mount Sefton DATE Feb 6 1933

19. UNDERTAKER (ADDRESS): Geo L. Pleitsch Inc 5926 Easton Ave

20. FILED FEB -6 1933 19 Max E. Parker Registrar.

MEDICAL CERTIFICATE OF DEATH

No physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feby 4, 1933

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 12 55 a.m. m.

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

Compound Fracture of Skull
Fracture of Left Tibia

Date of onset

210

Other contributory causes of importance: Accident

210

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? Accident Date of injury 2/3/33 19

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

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Struck by Automobile

Nature of injury Fracture of Skull

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

If so, specify .....

(Signed) John Sweeney M. D.

(Address) Deputy Coroner

2/6/33