

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. 4232 Linton)

File No.
Registered No. 2876
St. Ward)

2. FULL NAME

Elizabeth Dohrmann
(a) Residence, No. 4232 Linton St., 10 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wife of Herman Dohrmann</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 20, 1863</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>4</u>
	DAYS <u>6</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hanover Germany</u>	
FATHER	13. NAME <u>Frederick Pagels</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known Germany</u>	
	15. MAIDEN NAME <u>Not known</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known Germany</u>	
	17. INFORMANT <u>Mrs. Ann Dohrmann</u> (ADDRESS) <u>4232 Linton Ave</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Friedens</u> DATE <u>March 29, 1934</u>	
	19. UNDERTAKER (ADDRESS) <u>Chedman & Long</u> <u>13434 1/2 St. Louis</u>	
	20. FILED <u>MAR 27 1934</u> <u>W. C. Stark</u> Registrar.	

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 5th, 1933, to March 20, 1933
I last saw h. er alive on March 26th, 1933 Death is said to have occurred on the date stated above, at 12:30 A.M.
The principal cause of death and related causes of importance were as follows:
Angina Pectoris
943
97
94 A
Other contributory causes of importance:
Atherosclerosis
3 yrs.
Name of operation no Date of.....
What test confirmed diagnosis?..... Was there an autopsy? u
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?.....
If so, specify Arthur S. S. S. M.D.
(Signed).....
(Address) 220th Street

NON-FADING 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.

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27-10-1947
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