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.

AUG 16 1934

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

Do not use this space.

30656

1. PLACE OF DEATH

County St. Louis — Registration District No. 789 — File No.

Township Central — Primary Registration District No. 6033 — Registered No. 239

City ~~St Louis Co~~ (No. 3718 Jennings Rd St. Ward)

2. FULL NAME Catherine Doering

(a) Residence, No. 2114 Withnell St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Female
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: Albert F. Doering

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 12/1875

7. AGE: YEARS 58 — MONTHS 7 — DAYS 23 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife
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

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

FATHER
13. NAME: James Kerr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Louis Mo

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Albert F. Doering 2114 Withnell

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Cem DATE Aug 8 34

19. UNDERTAKER (ADDRESS): Ziegenhein Bros 2623 Cherokee St

20. FILED 8-6-, 1934 H A Boehmer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 5 1934

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 6:05 a.m.

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

Date of onset

Multiple abrasions and lacerations over both arms and forearms. Old dislocation of elbow joint and supracondylar fracture of humerus (rt). Comminuted fracture of the surgical neck of the rt. humerus. Laceration of scalp and hematoma of same. (see otherside)

~~Other contributory causes of importance:~~

Name of operation: ..... Date of .....

What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? acct Date of injury 8/4, 1934

Where did injury occur? Bellefontaine + St Leyre rd (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

(Signed) Luke B Turner 8/6/34

(Address) 3718 Jennings Rd Corona St Louis Co Mo

Auto collision. Accident happened on Bellefontaine Rd W. of St Cyre rd. St. Louis Co. St Ferdinand Township, Accident happened at 8:30 P.M. 8/4/34. Was taken to Prine Louise Hospital, where she died, 6:05 A.M. 8/5/34.

Verdict of Jury: Deceased came to her death, due to an automobile accident, and from the evidence submitted, we have arrived at an open Verdict

Linear fracture of the skull in the right parietal region. Small laceration of the dura. Fracture of ribs 2-10 left side ant. axillary line. Traumatic congestion of both lungs and of the stomach. Dilatation of the stomach. Cholecystolithiasis: Polycystic kidneys, Chr. endocarditis. Sclerotic ovaries. Retroverted uterus with small subserous fibroid.
Secondary; Skull fracture, traumatic shock.