

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

Do not use this space.

JUN 28 1935

20931

**1. PLACE OF DEATH**

County St. Louis  
Township Central  
City .....

Registration District No. 789  
Primary Registration District No. 6033  
(No. 8137 St. Charles Lane)

File No. ....  
Registered No. 152  
St. .... Ward)

**2. FULL NAME** Louise A. Doerr

(a) Residence, No. 8137 St. Charles Lane 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. 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17, 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.

50 1 19

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

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) Mo.

13. NAME John Byerly

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

15. MAIDEN NAME Mary Quinn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Mrs. Doerr  
8137 St. Charles Lane

18. BURIAL, CREMATION, OR REMOVAL PLACE St. St. Peter & Paul DATE Cem. 6/4/1935

19. UNDERTAKER (ADDRESS) Drehmann-Harrel  
1905 Union Blvd.

20. FILED 6-4- 1935 H. A. Bachner  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/1/1935, 19...

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 10 am.

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

Homicide, shot in back of head with 32 revolver, bullet traversing brain, mascerating brain, multiple fractured skull, and lodged in upper inner crest of orbit.

Other contributory causes of importance:

Hemorrhage and shock.

OVER

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

What test confirmed diagnosis? Autopsy Is there an autopsy? yes

23. If death was due to external cause, 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 6/1/35

(Signed) J. B. Turner, M. D.

(Address) 3718 Juniper Rd.,

Power St. Louis 2, Mo.

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.

We the Jury find that Louise Doerr came to her death from a gunshot wound, inflicted by her husband, while in a state of temporary mental aberration.