

AUG 23 1935

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

Do not use this space.

**1. PLACE OF DEATH**County St. LouisRegistration District No. 1123

Township

Primary Registration District No. 6248 BCity Jefferson Barracks(No. Veterans Administration Facility St. 267 Ward)File No. 25205Registered No. 267**2. FULL NAME**DOERING, Martin V.(a) Residence, No. R.#1, Wittenberg, Mo. St. Wittenberg, Mo.

(Usual place of abode)

Ward. Wittenberg, Mo.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred Un yrs. kno mos. Wn ds. How long in U. S., if of foreign birth? - yrs. - mos. - da.**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**Emma Doering**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)**July 13, 1897**7. AGE****YEARS****MONTHS****DAYS****If LESS than 1****day, .....hrs.****or .....min.**38-18**8. Trade, profession, or particular**  
**kind of work done, as planner,**  
**sawyer, bookkeeper, etc.**Farmer**9. Industry or business in which**  
**work was done, as silk mill,**  
**saw mill, bank, etc.**Farm**10. Date deceased last worked at**  
**this occupation (month and**  
**year)**Unavailable**11. Total time (years)****spent in this**  
**occupation.**Unavail**12. BIRTHPLACE (CITY OR TOWN)**Altenburg**(STATE OR COUNTRY)**Missouri**13. NAME**Unavailable**14. BIRTHPLACE (CITY OR TOWN)**Unavailable**(STATE OR COUNTRY)**Unavailable**15. MAIDEN NAME**Unavailable**16. BIRTHPLACE (CITY OR TOWN)**Unavailable**(STATE OR COUNTRY)**Unavailable**17. INFORMANT**A. W. SCHULZ, M.D., Acting Chief**(ADDRESS)** Med. Officer, Vet. Adm. Fac. Jeff. B.**18. BURIAL, CREMATION, OR REMOVAL**PLACE St. Mark, Mo.DATE 8-2-1935**19. UNDERTAKER****(ADDRESS)**C. J. Hoffmeister, U & L Co.7814 So. Broadway**20. FILED**Aug 1, 1935G. Mowrey

Registrar

**MEDICAL CERTIFICATE OF DEATH****21. DATE OF DEATH (MONTH, DAY, AND YEAR)** July 31, 19 35**22. I HEREBY CERTIFY**, That I attended deceased from July 29, 1935, 1935, to July 31, 1935I last saw him July 31, 1935 alive on Death is said to have occurred on the date stated above, at 8:40 p.m.

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

Lobular Pneumonia

Date of onset

July29, 1935

Other contributory causes of importance:

Cystitis, chr. severeUnkn.Hypertrophy of the ProstateUnkn.Name of operation None

Date of

Physical exam clinical manifestationsWhat test confirmed diagnosis? Yes Was there an autopsy? Yes

and laboratory findings.

**23. If death was due to external causes (violence), fill in also the following:**Accident, suicide, or homicide? None Date of injury None, 1935

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 None(Signed) A. W. SCHULZ, M.D., Actg. Chief, Ho. M. D.(Address) Veterans Admin. Facility OfficerJefferson Barracks, Missouri

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.

