

MAR 12 1936

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.

Township

Primary Registration District No.

City St. Louis

(No.)

Mo. Baptist Hospital

791

1003

8091

File No.

Registered No.

1768

St.

Ward)

2. FULL NAME William F. Doerge

(a) Residence, No.

5217 Blow St.

St.

2

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 Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 1, 1877

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>59</u>	<u>1</u>	<u>14</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Wire Chief9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bell Telephone Co.10. Date deceased last worked at this occupation (month and year) Jan. 5, 1936

11. Total time (years) spent in this occupation

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

MOTHER	13. NAME <u>William Doerge</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cincinnati Ohio</u>

15. MAIDEN NAME Caroline Weismann16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Arthur Kessler
(ADDRESS) 5217 Blow St.18. BURIAL, CREMATION, OR REMOVAL PLACE Lakewood Pk. DATE 2-18 193619. UNDERTAKER Kriegshauser Mortuaries
(ADDRESS) 4228 So. Kingshighway20. FILED FEB 17 1936J. P. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-15-193622. I HEREBY CERTIFY, That I attended deceased from Jan. 28, 1936 to Feb. 15, 1936
I last saw him alive on Feb. 15, 1936. Death is said to have occurred on the date stated above, at 10 A. m.
The principal cause of death and related causes of importance were as follows:

Acute Myocarditis Date of onset 2-11-36
a series of lung results of influenza
116
Other contributory causes of importance:
Spur of A. Lung 2-1-36
Acute Bronchitis 1-15-36

Name of operation none Date of
What test confirmed diagnosis? clinical Was there an autopsy? no23. 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 injury24. Was disease or injury in any way related to occupation of deceased? no
If so, specify(Signed) Joh. W. Mansorald M. D.
(Address) 539 N. Grand

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.

Thompson Co 0870

Mr W. R. Rappaport