

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.

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

Do not use this space.

AUG 18 1936

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City..... **St. Louis** (No. **EnRoute to City Hospital**)

28776
File No. **7542**
Registered No.
St. Ward)

2. FULL NAME **Katie Dooring**

(a) Residence, No. **1109 N. 15th St** St., **25** 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 **Widow** (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Unknown**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Unknown**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
About	78	---	---	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
	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) **New York**

FATHER 13. NAME **Unknown**

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

MOTHER 15. MAIDEN NAME **Unknown**

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

17. INFORMANT **Harold H. Schulz** (ADDRESS) **Coroners Office**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Lakewood Park** DATE **July 18 1936**

19. UNDERTAKER **Peetz Brothers** (ADDRESS) **3029 Lafayette Ave**

20. FILED **15** 19 **1936** **J. P. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH
No Physician in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 13 1936**

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 **7:35 P.M.**

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

Other contributory causes of importance:
191

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **No.**

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.....
(Signed) **Frank P. Furlong**, M.D.
(Address) **Coroner**

