

FEB 19 1937

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

76 County St. Charles
Township St. Charles
City St. Charles (No. 9)

Registration District No. 757
Primary Registration District No. 5998

File No. 2800
Registered No. 73
St. _____ Ward _____

2. FULL NAME

Edwin C. Doerrie
(a) Residence, No. Proste Road St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 11 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Marie Schneider

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 10, 1880

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
56 5 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
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) About 2 yrs ago 11. Total time (years) spent in this occupation. 10 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salisbury Missouri

FATHER 13. NAME Theodore Doerrie

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beardstown Illinois

MOTHER 15. MAIDEN NAME Westenkuebler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles Missouri

17. INFORMANT (ADDRESS) Mrs. E. C. Doerrie Proste Rd. St. Charles, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem DATE Feb. 1, 1937

19. UNDERTAKER (ADDRESS) Steinbrinker & Sons Co. St. Charles, Mo

20. FILED 1/30 1937 Clarence P. Heasler Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1937, to Jan 29, 1937
I last saw him alive on Jan 29, 1937. Death is said to have occurred on the date stated above, at 8:15 P. m.
The principal cause of death and related causes of importance were as follows:

Influenza

Date of case Jan 20 1937

Other contributory causes of importance:

Gastro Colitis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) L. H. Gardier, M. D.
(Address) St. Charles, 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

11/20/19