

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

Do not use this space.

1. PLACE OF DEATH

County

Township

City St. Louis

FEB 8 1937

Registration District No.

(No. St. Anthony's Hospital)

791

1008

File No. 3129

Registered No. 150

St. Ward

2. FULL NAME John H. Doelling

(a) Residence, No. 4976 Lindenwood St. 14 Ward. 1
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 4, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 10 29

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 171

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) Lively Grove Illinois.

13. NAME Henry Doelling

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

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Pauline Doelling (ADDRESS) 4976 Lindenwood

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters Cem. DATE 1/6/37

19. UNDERTAKER John L. Ziegenhein & Sons (ADDRESS) 7027 Gravois Ave.

20. FILED JAN 4 1937 J. H. Brudeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 25 1936, to Jan 3 1937

I last saw him alive on Jan 27, 1936. Death is said to have occurred on the date stated above, at 5 A. m.

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

Central apoplexy Date of onset Jan 24-31
Brain abscess Brain abscess acute Jan 1-36
Nephritis (Chronic)
Hypertension (Chronic)
Atherosclerosis

Other contributory causes of importance: 1/3/1

Name of operation None Date of Jan 3
What test confirmed diagnosis? Phys. Exam. Pathology 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? no
If so, specify Robert G. Warner, M. D.
(Signed) Robert G. Warner, M. D.
(Address) 1020 Chestnut St.

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.

653

