APR 9 1937

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

Do not use this space.

File No. 10017
Registered No. 2578

Registration District No. 791
Primary Registration District No. 1003

1. PLACE OF DEATH

County
Township
City St. Louis (No. 5002 Minerva Ave. St. Ward)

2. FULL NAME William Dornseiff

(a) Residence, No. 5002 Minerva Ave. St., 6 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hulda Koch Dornseiff

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 18th, 1877

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
~~58~~ 59	11	16	

OCCUPATION

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

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

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) Germany

FATHER

13. NAME Unknown Dornseiff

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

MOTHER

15. MAIDEN NAME Johanna Koch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Hulda K. Dornseiff
(ADDRESS) 5002 Minerva Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters Cem. DATE Mar. 6th, 1937

19. UNDERTAKER Drehmann Vand
(ADDRESS) 1905 Union Blvd.

20. FILED MAR 5 1937 J. T. Bredeck 3/4/37
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4th, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1936, to Mch. 4, 1937
I last saw him alive on Mch. 3, 1937. Death is said to have occurred on the date stated above, at 2:30 A.M.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 3/3/37

Other contributory causes of importance: Slight Blood Pressure

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) T. J. Kemp M. D.
(Address) 4503 Washington

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

BOM 10-22-36 1 X9314

4503 Washington
3-4 this P.M. 10-11 a.m