AUG - 5 1937

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

Do not use this space.

25949

791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 7123

Township ..... Primary Registration District No. ..... Registered No. .....

City St. Louis (No. 4200 Watson Rd. ..... St. ..... Ward)

2. FULL NAME Edward W. Doelling

(a) Residence, No. 4200 Watson Rd. St., 14 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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)
M	W	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21 1882

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
55	2	6	

OCCUPATION

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

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)

11. Total time (years) spent in this occupation

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

FATHER

13. NAME Louis F. Doelling

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

MOTHER

15. MAIDEN NAME Caroline Koch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johannesburg Ill

17. INFORMANT (ADDRESS) Cecilia Doelling 4200 Watson Rd.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sunset Burial Pk. DATE 7-29-37

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

20. FILED JUL 27 1937 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1937

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 11:30 A.m.

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

Date of onset

Primary Occlusion

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

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) Joseph M. Zuman, M. D.

(Address) Lafayette Corner

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.