

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

791
1003

683
539

Do not use this space.

1. PLACE OF DEATH
FEB 12 1938

(a) County Registration District No.
 (b) Township Primary Registration District No. Registered No.
 (c) City St. Louis (d) Street No. City Hosp #1 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Fred Doeding
 (a) Residence, No. Ozanam Shelter, 3215 Montgomery St. St. 11
 (Usual place of abode, if no street address, write county or city) (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 Husband of Ida Doeding
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12, 1865
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 7 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Millhand
 9. Industry or business in which work was done, as saw mill, bank, etc. Furniture Factory
 10. Date deceased last worked at this occupation (month and year) 1929 11. Total time (years) spent in this occupation 45

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Illinois
 13. NAME Fred Doeding

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Melba Doeding 2521 N. Market St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters Cem. DATE Jan. 18 1938

19. FUNERAL DIRECTOR (ADDRESS) Quedener & Sons 3934 W. 20th

20. FILED Jan 17 1938 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-14-38 1938

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on Death is said to have occurred on the date stated above, at 8:40 a.m.

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

Lotus Pneumonia
 Date of onset 108

Other contributory causes of importance:
Chronic Myocarditis

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 See above
 Nature of injury See above

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify Alfred Perry, M.D.

(Signed) Alfred Perry
 (Address) 1015 1/2 E. 12th

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.

STATEMENT BY LICENSED EMBALMER

I, Geo P Schubert

Licensed Embalmer No. 2212

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

Myself

L. E.

No. _____ or by _____

Registered Apprentice No. _____

working under my personal supervision.

Signed Geo P Schubert

Licensed Embalmer No. 2212

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)