

REC'D JUN 16 1938

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

17880

Do not use this space.

## 1. PLACE OF DEATH

(a) County Callaway Registration District No. 104  
 (b) Township..... Primary Registration District No. 3009 Registered No. 191  
 (c) City Fullton (d) Street No. .... (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (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 Simon Doerhoff

(a) Residence, No. 51 Elizabeth Mo St.  (If nonresident, give city or town and State)  
 (Usual place of abode; if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

 3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 18, 1891
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
47 3 4

 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer.  
 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) St Elizabeth Mo.13. NAME Ben Doerhoff14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Westphalia Mo.15. MAIDEN NAME Mary Schepers16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Westphalia Mo.17. INFORMANT (ADDRESS) Hospital Records18. BURIAL, CREMATION, OR REMOVAL PLACE St Elizabeth Mo DATE May 23, 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) H. H. Strop Meta Mo20. FILED May 22, 1938 R. N. Crews Local Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22, 1938
 22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1935 to May 22, 1938  
 I last saw h. l. m. alive on May 22, 1938 Death is said to have occurred on the date stated above, at 2:17 A.M.  
 The principal cause of death and related causes of importance were as follows:
Carcinoma Stomach

Date of onset

Other contributory causes of importance:

Chronic nephritis  
Pulmonary Congestion

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) Ralph Hanks, M. D.(Address) Fullton Mo106

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.)**

**If this body is not embalmed, above space should be left blank.**