

DEC'D FEB 10 1939

**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS 791**  
**CERTIFICATE OF DEATH**

983

Do not use this space.

**1. PLACE OF DEATH**

(a) County..... Registration District No.....  
 (b) Township..... Primary Registration District No..... Registered No..... **983**  
 (c) City St. Louis (d) Street No. 2845 Ohio Ave. 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** 656 MARY GERAN DOERNER

(a) Residence, No. 2845 OHIO St. 24 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
WIDOWED  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF CHARLES DOERNER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 21, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
72 9 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewife  
 9. Industry or business in which work was done, as saw mill, bank, etc. nil  
 10. Date deceased last worked at this occupation (month and year) Jan. 28, 1939 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.13. NAME Frank Knecht,14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown15. MAIDEN NAME Wagner16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT (ADDRESS) Mrs. F. Schmidt  
3739 W. Morris18. BURIAL, CREMATION, OR REMOVAL PLACE SS Peter & Paul DATE 1/3/3919. FUNERAL DIRECTOR (NAME) (ADDRESS) Oscar J. Hoffmeister  
4016 Chippewa St.20. FILED JAN 31 1939 J. D. Budick  
Local Registrar.**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan, 30 - 193922. I HEREBY CERTIFY, That I attended deceased from May 10<sup>th</sup> 1935, to Jan. 30<sup>th</sup> 1939I last saw her alive on Jan. 26<sup>th</sup> 1939 Death is said to have occurred on the date stated above, at 9:10 A.M.

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

Aortic Insufficiency. - 2 yrs.

Other contributory causes of importance:

Chronic Myocarditis. 1 yr.

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.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify.....

(Signed) Albert Berwarth M. D.(Address) 3548 - S. Grand Bl.

---

---

**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. 4

Signed..... *Edwin H. Leisinger*.....

Licensed Embalmer No..... *4049*.....

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.**