

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

REC'D JUN 12 1939

791
1008
17217
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Mo Registration District No. 1
(b) Township 1 Primary Registration District No. 1 Registered No. 4751
(c) City St. Louis Mo (d) Street No. City Hospital #1 St. 1
(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

Daniel D. Doore (Daniel D. Doore)
(a) Residence, No. 5888 Theobosia St. 6 (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 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 Lora Doore
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 29, 1895
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 0 24
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as 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) Idaho

FATHER 13. NAME Abaslom Doore

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

MOTHER 15. MAIDEN NAME Rose Ella Ingersaw

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

17. INFORMANT (ADDRESS) Charles Doore
1813 Timberlake

18. BURIAL, CREMATION, OR REMOVAL PLACE Fulton, Mo. DATE May 26/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Jos. W. Clark,
1125 Hodiament Ave.

20. FILE NO. MAY 25 1939 J. B. Budek Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-23-39
22. I HEREBY CERTIFY, That I attended deceased from 5-2, 1939, to 5-23, 1939.
I last saw him alive on 5-23, 1939. Death is said to have occurred on the date stated above, at 3:30 pm.

The principal cause of death and related causes of importance were as follows:
monocytic leucemia
Gonorrhea (Carcinoma)
(Carcinoma ovii)
Date of onset
Other contributory causes of importance:
Anemia 720

Name of operation None Date of None
What test confirmed diagnosis? None Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None, 1939.
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
If so, specify None
(Signed) F. R. Bradley, M. D.
(Address) Barnes Hospital

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 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 *James M. Cerkh*

Licensed Embalmer No..... I66I

P. O. Address... II25 Hodiament Ave.,

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.