

JUN 20

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 23228
Registrar's No. 1093

Registration District No. 784

Primary Registration District No. 200

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Manchester (Rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Manchester Nursing Home 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution About 57 Yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Elizabeth Doll
(b) If veteran, name war None
(c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Late Andres Doll
6. (c) Age of husband or wife if alive 4th years (Day) (Year)

7. Birth date of deceased April 4th 1856
(Month) (Day) (Year)

8. AGE: Years 83 Months 2 Days 14
If less than one day hr. min.

9. Birthplace Hermann Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife 0

11. Industry or business
12. Name Unknown Gieger 6
13. Birthplace Germany 6
(City, town, or county) (State or foreign country)
14. Maiden name Selma Weber Germany
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Eva Margaret Iit
(b) Address 7606 Arlington Ave.

17. (a) Burial (b) Date thereof 6-21-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Peter & Paul Kriegerhauser Mortuar
(d) Address 4228 So. Kingshighway

18. (a) Signature of funeral director DR Meyer
(b) Address 3115 So Grand
19. (a) JUN 20 1939 (Date received local registrar)
(b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Shrewsbury 1
(If outside city or town limits, write "RURAL")
(d) Street No. 7606 Arlington Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 18th
year 1939 hour 10:15 minute P.M. M.

21. I hereby certify that I attended the deceased from May 15, 1939
June 18, 1939, to June 18, 1939;
that I last saw he alive on June 16, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Convulsions
Origin unknown
Due to chronic myocardial degeneration
due to Neglect
Due to 59.
Other conditions (Include pregnancy within 3 months of death)

Major findings: none
Of operations
Of autopsy none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(e) While at work? _____ (Specify type of place)
(f) Means of injury _____

23. Signature Obert & Layton (M. D. or other) MD
Address 3115 So Grand Date signed 6/19/39

Duration ?
PHYSICIAN
Underline the cause to which death should be charged statistically

Mr. J. J. J. J. J.
3115 So Grand Ave
9-10-35

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.....
Edwin M. Bennett

Licensed Embalmer No..... *3024*

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.