

Registration District No. **207**

Primary Registration District No. _____

Registrar's No. **9868**

1. PLACE OF DEATH: **1008**
 (a) County **1**
 (b) City or town **St. Louis**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **BARNES HOSPITAL**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **2 weeks**
 (Specify whether years, months or days)
 In this community _____

3. (a) PRINT FULL NAME **DOENGES, Henry** **522**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Hettie** 6. (c) Age of husband or wife if alive **64** years
 7. Birth date of deceased **Feb. 4 1875**
 (Month) (Day) (Year)

8. AGE: Years **64** Months **9** Days **15** If less than one day hr. _____ min. _____

9. Birthplace **Jerseyville, Illinois**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Cigar Maker**

11. Industry or business _____

MOTHER FATHER
 { 12. Name **Henry Doenges** **6**
 13. Birthplace **Germany** **6**
 (City, town, or county) (State or foreign country)
 { 14. Maiden name **Louise Pilger**
 15. Birthplace **Germany**
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Mrs. Henry Doenges**
 (b) Address **Jerseyville, Ill.**

17. (a) **Removal** (Burial, cremation, or removal) (b) Date thereof **11/20/39**
 (Month) (Day) (Year)

(c) Place: burial or cremation **Jerseyville, Ill.**

18. (a) Signature of funeral director **Albert H. Hoppe**
 (b) Address **4700 Washington Ave.**

19. (a) **NOV 20 1939** (Date received by local registrar) (b) **J. Bradley** (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED: **2**
 (a) State **Illinois** (b) County **NR**
 (c) City or town **Jerseyville**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **211 North State Street**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **18**
 year **1939** hour **2** minute **15** P. A. M.
 21. I hereby certify that I attended the deceased from **November 1**, 19**39**, to **November 18**, 19**39**;
 that I last saw him alive on **November 18**, 19**39**;
 and that death occurred on the date and hour stated above.

Immediate cause of death **Bilateral Bronchopneumonia** Duration _____
 Due to **Hypertension, nephritis chronic**
 Due to **themia**

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: **131**
 Of operations _____
 Of autopsy _____

PHYSICIAN

 Underline the cause to which death should be charged statistically

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? _____

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

23. Signature **J. Bradley** (M. D. or other) _____
 Address **BARNES HOSPITAL** Date signed **11-18-39**

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

Rev. 5-17-39 I X1851

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.

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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.....

Robert H. Kays

Licensed Embalmer No. 1861

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.