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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 2 10

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4271

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 1101

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 19 Days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2901 California Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Alphonsus (Albert) Doerr

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct. 2, 1893 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
46	3	29	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Switchman unemployed

11. Industry or business R.R.

FATHER
12. Name Louis Doerr
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Josephine Bemke
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Bernard Doerr
(b) Address 3857 Shennandoah Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/5/40 (Month) (Day) (Year)
(c) Place: burial or cremation S.S. Peter & Paul Cm.

18. (a) Signature of funeral director Weick Bros. Umd. Co
(b) Address 2201 S. Grand Bl.

19. (a) FEB 3 1940 (Date received local registrar) (b) J. F. Bellhook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 1, year 1940 hour 10:25 minute A. M.

21. I hereby certify that I attended the deceased from January 15, 1940, to February 1, 1940; that I last saw him alive on February 1, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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

23. Signature Harold Freedman (M. D. or other)
Address 1515 Lafayette, Date signed 2/1/40

(Licensed Embalmer's Statement on Reverse Side)

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

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.....3722.....

P. O. Address.....412 Duchesquette S

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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