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DC23159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33085

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 1709

FILED
OCT 10 1940

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Jennings
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2034 Switzer Ave
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None (Specify whether 20)
 In this community Birth
 years, months or days)

3. (a) PRINT FULL NAME Lizzie Doutt

3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife John M. Doutt
 6. (c) Age of husband or wife if alive Deceased years

7. Birth date of deceased November 16, 1860
 (Month) (Day) (Year)

8. AGE: Years 79 Months 9 Days 22
 If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business

12. Name ? Rader

13. Birthplace Germany
 (City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Germany
 (City, town, or county) (State or foreign country)

16. (a) Informant Arthur C. Doutt

(b) Address 2034 Switzer Ave

17. (a) Burial (b) Date thereof 9/11/40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem.

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) SEP - 9 1940 (b) R. Meyer
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town Jennings
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2034 Switzer
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 8
 year 1940 hour 8:07 AM minute _____ M.

21. I hereby certify that I attended the deceased from Aug 21
1940, to Sept 18 1940

that I last saw him alive on Sept. 8th 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Cerebral Hemorrhage 10 days

Due to Hypertension 2 yrs

Due to 872a1

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

Major findings: _____
 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? 707

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

23. Signature Edwin J. Kuschel (M. D. or other) MD

Address 3635 Wood Avenue Date signed 9/11/40

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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. *62967*

P. O. Address *H. Davis*

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, fact should be so stated above.