

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **41031**  
Registrar's No. **16802**

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **ST. LOUIS**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**1818 Ann Ave**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community **LIFE** years, months or days) **2**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County \_\_\_\_\_  
(c) City or town **ST. LOUIS 1** **23**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1818 ANN AVE**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **HELEN DOERRER**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. **497-01-804**

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOW**

6. (b) Name of husband or wife **PHILLIP C. DOERRER** 6. (c) Age of husband or wife if alive **DECEASED** years

7. Birth date of deceased **NOV. 8, 1914**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**26** **1** **11** hr. min.

9. Birthplace **ST. LOUIS** **MISSOURI**  
(City, town, or county) (State or foreign country)

10. Usual occupation **MACHINE OPERATOR**

11. Industry or business **NOVELTY MFG.**

12. Name **LARRY - OLIVE**

18. Birthplace **ST. LOUIS, MO**  
(City, town, or county) (State or foreign country)

14. Maiden name **MARIE KLIN**

15. Birthplace **ST. LOUIS** **MISSOURI**  
(City, town, or county) (State or foreign country)

16. (a) Informant **A. S. Reahizer**

(b) Address **RR #3 BOX 246 BADEN, STATION**

17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof \_\_\_\_\_  
(Month) (Day) (Year)

(c) Place: burial or cremation **FRIENDS CEMETERY**

18. (a) Signature of funeral director **Siedman & Sons**

(b) Address **3934 N. 20th St.**

19. (a) **DEC 30 1940** (Date received local registrar) (b) **J. W. Bredet** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DEC** day **29 (SUNDAY)**  
year **1940** hour **11** minute **45** A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Poisoning, self-administered at her home 1818 Ann Ave, on Dec 29, 1940, at about 11:40 A.M.**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 8 months of death) \_\_\_\_\_

Major findings: Of operations **163**

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) ~~Accident~~, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence **12-29-40**

(c) Where did injury occur? **Home - St. Louis**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Home**  
While at work? \_\_\_\_\_ (Specify type of place)

23. Signature **W. J. Gray** (M. D. or other) \_\_\_\_\_  
Address **St. Louis** Date signed **12/30/40**

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. \_\_\_\_\_

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.**