

No. 2
13-40
17-39
X23159

LEU MAR 25 1941 791
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: Desloge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME

Catherine Doerr

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Oscar Doerr 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased. Oct 23 (Month) 1886 (Day) (Year)

8. AGE: Years 56 Months 3 Days 13 If less than one day hr. _____ min. _____

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

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name John Vogelzang
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant John G. Doerr

(b) Address 2212 Kirkwood Pl

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/5/41 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter's Parochial

18. (a) Signature of funeral director Mr. J. Croghan

(b) Address 7176 Manchester Ave

19. (a) **FEB 3 1941** (Date received local registrar) (b) J. Bredich (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")
(d) Street No. 1418 Bredell (If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 2 year 1941 hour 2 minute 40 A.M.

21. I hereby certify that I attended the deceased from 1-10, 1941, to 2-2, 1941;

that I last saw her alive on 2-2-41, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration _____

Due to Perforation of Para-sigmoid Abscess

Due to Carcinoma of Rectum

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

Major findings: Of operations As above

Of autopsy As above

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 W. H. H. H. (M. D. or other) _____

Address Termini Baroque Date signed 2/5/41

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 *Francis A. Williamson*

Licensed Embalmer No. *3565*

P. O. Address *7146 Manchester*

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.