

FILED MAY 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **12547**

Registrar's No. **2977**

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Baptist Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6326a Arsenal
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Clara Dormany

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 Thomas J. Dormany
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased. January 19 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 2 14 hr. min.

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

10. Usual occupation nil

11. Industry or business.....

MOTHER FATHER { 12. Name Fritz Niesen
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Louise Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cassie Niesen
(b) Address 6326a Arsenal St

17. (a) Cremation (b) Date thereof 4/5/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director E. J. Schurz
(b) Address E. J. Schurz 3125 Lafayette

19. (a) APR - 4 1941 (b) J. P. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 3
year 1941 hour 12:40 minute A M.

21. I hereby certify that I attended the deceased from 2/26/41
..... 19..... to 4/3 1941;
that I last saw him alive on 4/3 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis
& Chronic Myocarditis
Cause of Death
Due to.....
Due to.....

Duration
2-3 yrs?
3 yrs

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

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) no
(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 Preston S. Hall (M. D. number)
Address 3902 S. Lafayette Date signed 4/14/41

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 Jose Bollmer
Licensed Embalmer No. 41014
P. O. Address: 3125 Lafayette Ave

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.