

No. 2
1-13-40
-17-39
X23159

State File No.

Registrar's No.

FILED SEP 17 1941 791
Registration District No.

Primary Registration District No. **1003**

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

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:
St. Anthony Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

In this community life
(Specify whether years, months or days)

3. (a) PRINT FULL NAME John Doelger

3. (b) If veteran, name war _____

3. (c) Social Security No. 49518-2114

4. Sex male 0

5. Color or race white 0

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife _____

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

7. Birth date of deceased August 20 1898
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>43</u>	<u>11</u>	<u>12</u>	hr. _____ min.

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

10. Usual occupation Brewery Worker

11. Industry or business Anheuser-Busch

12. Name Valentine Doelger

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Rose Voss

15. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Rose Voss
(b) Address 4653 Seibert

17. (a) Burial (b) Date thereof 8-5-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New S.S. Peter & Paul

18. (a) Signature of funeral director John L. Ziegenhein & Sons
(b) Address 7027 Gravois Ave.

19. (a) AUG - 4 1941 (b) J. H. Breda
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 096

(c) City or town Gardenville 0
(If outside city or town limits, write "RURAL")

(d) Street No. 4653 Seibert
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2
year 1941 hour 8 minute 40 P.M.

21. I hereby certify that I attended the deceased from July 27, 1941 to Aug. 2, 1941; that I last saw him alive on Aug. 2, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Erysipelas 7 day
Right Leg and Abdomen
Due to Cause unknown

Due to _____

Other conditions 11
(Include pregnancy within 3 months of death)

Major findings: 15
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? _____

23. Signature A. W. Peters AMD
(Specify type of place) (e) Means of injury
While at work _____
Address 4145 a S. Grand Blvd. Date signed 8/4

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.....

C. P. Kiddwell

Licensed Embalmer No.....

3877

P. O. Address.....

7027 Gravois

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.