G6766
V. S. No. 2
DM—1-4-41
ev. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30002

Registration District No. 791 FILED OCT 18 1941 Primary Registration District No. 1003 Registrar's No. 7341

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 Days (Specify whether years, months or days)
In this community 35 yrs. 4 mos. 23 das

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 23
(If outside city or town limits, write "RURAL")

(d) Street No. 2828 Shenandoah Ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Alma Stiles

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife George Stiles

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased Apr. 16, 1906 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
35	4	16	hr. min.

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

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name William Doerr
13. Birthplace unknown (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Frances Wallace
15. Birthplace unknown (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Homer A. Doerr
(b) Address 3909 Colonial. St. Louis, Co.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Sept. 11, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Goodson & Goodson
(b) Address 2228 St. Louis Ave

19. (a) SEP 11 1941 (Date received local registrar) (b) J. Budnick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 9, year 1941 hour 8:35 minute A.M.

21. I hereby certify that I attended the deceased from August 23, 1941 to September 9, 1941; that I last saw her alive on September 9, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
multiple neuritis & neuronitis	21 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Same

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

23. Signature L. V. Mulligan (M. D. or other)
Address 1515 Lafayette Avenue, Date signed 9/9/41

(Licensed Embalmer's Statement on Reverse Side)

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 Charles J. Goodhart

Licensed Embalmer No. 2777

P. O. Address St Louis Mo

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.