

FILED MAR 17 1942
Registration District No.

Primary Registration District No. 1003

Registrar's No. 1720

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. LOUIS CHILDRENS HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 2 HRS.
(Specify whether
In this community U. V. R. S.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
(c) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL")
(d) Street No. 535 HOLLYWOOD PLACE
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME SUSAN NORTH DOERNER

3. (b) If veteran, name war no 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE
6. (b) Name of husband or wife - 6. (a) Single, widowed, married, divorced SINGLE
6. (c) Age of husband or wife if alive - years

7. Birth date of deceased JANUARY-5-1938
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
4 1 16 - hr. - min.

9. Birthplace WEBSTER GROVES MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation -

11. Industry or business -

MOTHER FATHER { 12. Name RUSSELL H. DOERNER
13. Birthplace GARTHAGE MISSOURI
(City, town, or county) (State or foreign country)
14. Maiden name DOROTHY RIED
15. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Russell H. Doerner

(b) Address 535 HOLLYWOOD PL. W. G.

17. (a) BURIAL (b) Date thereof FEB. 23-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL CEMETERY

18. (a) Signature of funeral director Parker and Co

(b) Address WEBSTER GROVES MO.

19. (a) FE 25 1942 (b) J. F. Bredick
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21
year 1942 hour 11 minute 50 A.M.

21. I hereby certify that I attended the deceased from.....
..... 19..... to..... 19.....
that I last saw h..... alive on..... 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Status Thymico Lymphatica

Cardiac Dilatation

Edema of Glottis

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

Major findings:
Of operations..... 64

Of autopsy Pending 61

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 Thomas J. Pittman (M. D. or other)

Address Deputy Coroner Date signed 2/24/42

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

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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 Bob Albrecht

Licensed Embalmer No. 1332

P. O. Address Gebsler Groves

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.