V. S. No. 2
50M—9-4-41
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1942

Registration District No. 7-91

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 8488

Registrar's No. 2795

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:
2721 Hadley St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 20 Years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 26000 17 9

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

(d) Street No. 2721 Hadley St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Stella Doza

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 Wilferd Doza

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased September 4 1885
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
56	6	23	hr. min.

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

10. Usual occupation Housewife.

11. Industry or business

FATHER
12. Name Louis Roderique
13. Birthplace Illinois.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarphine LaFlora.
15. Birthplace Illinois.
(City, town, or county) (State or foreign country)

16. (a) Informant Wilfred Doza
(b) Address 2721 Hadley St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-30-42. (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.
(b) Address 2223 St. Louis Ave.

19. (a) MAR 29 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27 year 1942 hour 6 minute 45 P.M.

21. I hereby certify that I attended the deceased from 3/27/42, 19..., to 3/27/42, 19...; that I last saw her alive on 3/27/42, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure — Duration: Probably months

Due to Cardiac failure

Due to

Other conditions Pulmonary Tuberculosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations Pt. operated for tubercular condition several years ago.
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)
(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 John S. Young (M. D. or other)
Address 2806 Hadley Date signed 3/27/

(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 John P. Buchholz

Licensed Embalmer No. 1674

P. O. Address 2723 St Louis 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.