

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 10 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38002

State File No.

Registrar's No. 24513

Registration District No. 78V

Primary Registration District No. 111

9/6
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town Rieu. Hers.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary's Hospital
(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 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 2519 University Street.,
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 41

3. (a) PRINT FULL NAME Coena Dohogne

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Louis Dohogne 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased August 17, 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 3 6 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Vincent Hieserer

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

14. Maiden name Catherine Dernberger

15. Birthplace Munich Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Louis Dohogne

(b) Address 2519 University Street.,

17. (a) Burial (b) Date thereof 11/24/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kelso, Missouri

18. (a) Signature of funeral director Albert H. Hoppe, Inc

(b) Address 4700 Washington Blvd.

19. (a) Nov 29 (b) C. H. McFarland
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 23
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from 6/75 1942 to 11-20 1942
that I last saw h...en alive on 11-20 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Pharynx, Larynx and Esophagus
Due to.....
Duration 1 1/2 yrs

Due to..... UIC

Other conditions..... none
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... as above
Of autopsy..... as above

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 Louis Dohogne (M. D. or other)
Address 2519 University Street Date signed 11/24/42

DEC 22 1942

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.....

Albert G. Hayes

Licensed Embalmer No..... 2971

P. O. Address.....

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.