

Registration District No. **160**

Primary Registration District No. **9030**

Registrar's No. **27**

1. PLACE OF DEATH:

(a) County Jefferson

(b) City or town Festus
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson ⁵⁰

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

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

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

3. (a) PRINT FULL NAME Louise Anna Dorr

3. (b) If veteran, name war _____

3. (c) Social Security No. 495-12-871

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1943 hour 6 minute 20 A.M.

4. Sex Female 5. Color of race White

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

6. (b) Name of husband or wife Leo Dorr 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September - 5 - 1898
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 10 to June 8 1943
that I last saw her alive on June 7th 1943
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>44</u>	<u>8</u>	<u>23</u>	hr. _____ min. _____

Immediate cause of death General Carcinomatosis of spine - metastases from Carcinoma of Left Breast

Due to _____

Due to 50

Other conditions (include pregnancy within 6 months of death) _____

9. Birthplace Festus Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name August Bayer

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

14. Maiden name Agnes Blecht

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

Major findings: Carcinoma of left Breast

Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant August Bayer
(b) Address Crystal City, Mo.

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? _____

17. (a) Burial (b) Date thereof 6-11-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Festus Methodist Cem.

18. (a) Signature of funeral director H. S. Vinyard
(b) Address Festus Mo.

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

23. Signature W. H. ... (M.D. or other) ¹
Address Crystal City Mo. Date signed June 8, 1943

19. (a) 6-9-43 (b) H. C. O'Keefe
(Date received local registrar) (Registrar's signature)

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

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.....
.....
Licensed Embalmer No. 3010
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.