

FILED AUG 12 1943  
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County ST. LOUIS  
(b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
CITY HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 DAYS  
(Specify whether  
in this community 60 YRS  
years, months or days)

3. (a) PRINT FULL NAME MARY G. DORLOECHTER

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

4. Sex F 5. Color or race W 6. (a) Single (b) Widowed, married, divorced \_\_\_\_\_

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased FEB. 16 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
19 62 5 11 hr. min.

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

10. Usual occupation DRESSMAKER

11. Industry or business SELF

12. Name JOSEPH DORLOECHTER

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

14. Maiden name MARIA EICKHOFF

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

16. (a) Informant Anthony Dorloechter

(b) Address 3538 West

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 30 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Wm. J. Johnson

(b) Address 4355 Washington

19. (a) Aug 29 1943 (Date received local registrar) J. J. Neudeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST. LOUIS  
(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2557 BULHEBERT  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27  
year 1943 hour 5 minute 20 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Second + Third Degree Burns of the lower extremity of the body and both hands + arms when deceased clothing became ignited while burning  
Duration about 1.45 PM  
Date July 24 1943  
Other conditions about 1.45 PM  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: Of operations 181-8  
Of autopsy 215  
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) Accident  
(b) Day of occurrence July 24 1943  
(c) Where did injury occur? St. Louis Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
AT HOME  
While at work? no (Specify type of place) (e) Means of injury BURNS  
23. Signature Thomas J. Callahan (Date) 7-29-43  
Address Deputy Coroner Date signed 7-29-43

**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 William J. Hiron

Licensed Embalmer No. 4319

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.**