

FILED AUG 18 1943 318

1003

7213

Registration District No.

Primary Registration District No.

Registrar's No.

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: City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution _____ (Specify whether)
In this community 73 years (Specify whether)
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1412a Hebert St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Augusta Doerr

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

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

6. (b) Name of husband or wife late Otto Doerr 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 22 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 7 17 _____ hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business

12. Name August Dannenhouse
13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur Doerr
(b) Address 1412a Hebert St.

17. (a) Burial (b) Date thereof Aug. 12-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. John's Cemetery

18. (a) Signature of funeral director Hy. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) AUG 10 1943 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9th.
year 1943 hour 10 minute 30 A. 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: Pulmonary Infarction
Duration of Brain partially paralyzed
fracture right femur, when she
fell in front of a drug store
at 1942 Hebert St. about 10:45
Due to MM. June 28 1943

Other conditions: 1860
(Include pregnancy within 3 months of death)

Major findings: 27
Of operations _____
Of autopsy _____

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) Accident (100)

(b) Date of occurrence June 28 1943

(c) Where did injury occur? St. Louis
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place

While at work? no (Specify type of place) (e) Means of injury fall

23. Signature Thomas F. Callinan (M. D. or other)
Address Deputy Coroner Date signed 8/11-43

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

MOTHER FATHER

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.....

16740

P. O. Address.....

2023 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.