

FILED DEC 29 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:
4208 WYOMING ST
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community **ENTIRE LIFE** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **000**
(c) City or town **ST. LOUIS** **169**
(If outside city or town limits, write "RURAL")
(d) Street No. **4208 WYOMING**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **JACOB DOERR**

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

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **WIDOWER**
6. (b) Name of husband or wife **HENRIETTA DOERR** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **FEBRUARY-7TH, 1868**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	70	10	9	hr. _____ min.

9. Birthplace **ST. LOUIS MO**
(City, town, or county) (State or foreign country)

10. Usual occupation **Structural Draftsman**

11. Industry or business **Retired**

MOTHER, FATHER { 12. Name **John Doerr**
13. Birthplace **Germany** **4**
(City, town, or county) (State or foreign country)
14. Maiden name **Louise Unknown**
15. Birthplace **Germany** **4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Harold Doerr**
(b) Address **4208 Wyoming St.**
17. (a) **Burial** (b) Date thereof **12-18-43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Sunset BurPk.**

18. (a) Signature of funeral director **With Bro L. Mc**
(b) Address **2926 S. Jefferson Av**
DEC 16 1943
19. (a) **J. Brebeck** (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **DEC.** day **16TH**
year **1943** hour **4** minute **00** A.M.

21. I hereby certify that I attended the deceased from **Dec. 28**
1940, **Dec. 16**, **1943**
that I last saw him alive on **Dec. 14**, **1943**
and that death occurred on the date and hour stated above.

Immediate cause of death:
Acute Myocardial Infarction **3 yrs**
High Blood Pressure **2 yrs**
Arterio-sclerosis **5 yrs**
Due to **Non-suppurative**

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

Major findings: _____ **96.**
Of operations: _____
Of autopsy: _____

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 **5**
23. Signature **Dr. Walter E. Edman** (M. D. or other) _____
Address **3146 Morgan** Date signed **12/16/43**

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

Gustav W. Dittler

Licensed Embalmer No. 4329

P. O. Address 2929 S. Jefferson

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.