

FILED JAN 12 1944
318

Registration District No. _____

Primary Registration District No. _____

1003

State File No. _____

Registrar's No. _____

54009

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4248 Lafayette Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 4248 Lafayette
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elsie Doll

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 Ferdinand Doll 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased June 14, 1871
(Month) (Day) (Year)

8. AGE: Years 72 Months 6 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation Nil

11. Industry or business _____

MOTHER FATHER { 12. Name August Roach
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Louise Brendecke
15. Birthplace Wis.
(City, town, or county) (State or foreign country)

16. (a) Informant Ferdinand Doll
(b) Address 4248 Lafayette

17. (a) Burial (b) Date thereof 12/30/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine

18. (a) Signature of funeral director Edith E. Ambruster
(b) Address 4234 Manchester

19. (a) DEC 29 1943 J. F. Brendeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28
year 1943 hour 5.30 P. M. minute _____ M.

21. I hereby certify that I attended the deceased from Oct. 18, 1939, to Dec. 28, 1943,
that I last saw him alive on Dec. 26, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure

Due to General arteriosclerosis of abdomen & lungs 2 yrs.

Due to _____

Other conditions Malignant Ovarian tumor 1937
(Include pregnancy within 3 months of death)

Major findings: 5.5
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)
(c) Means of injury _____
23. Signature J. F. Brendeck (M. D. or other) _____
Address 607 N. Grand Date signed 12-29-43

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.....

Shirley Eymck
1284

Licensed Embalmer No.....

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.