No. 2
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X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 9 1944 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

12720

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 3976

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Lutheran 5 Altenheim 8721 HALLSFERRY Rd.
(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: 000

(a) State Mo. (b) County 17

(c) City or town St. Louis. 78
(If outside city or town limits, write "RURAL").

(d) Street No. 8721 HALLSFERRY RD.
(If rural, give location)

(e) Citizen of foreign country? — (Yes or No)

If yes, name country — 0

3. (a) PRINT FULL NAME ERNST DOERING

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M

5. Color or race W.

6. (a) Single, widowed, married, divorced 2W.

6. (b) Name of husband or wife ?

6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased JAN (Month) 1 (Day) 1852 (Year)

8. AGE: Years 92 Months 3 Days 26 If less than one day hr. min.

9. Birthplace FROHNA (City, town, or county) MISSOURI 0 (State or foreign country)

10. Usual occupation Nil

11. Industry or business —

FATHER
12. Name Geo. DOERING
13. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace — (City, town, or county) 9 (State or foreign country)

16. (a) Informant Miss Spencer

(b) Address 8721 Hallsferry Rd.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR 29 44 (Month) (Day) (Year)

(c) Place: burial or cremation CONCORDIA.

18. (a) Signature of funeral director Beiderwieden Funeral Home

(b) Address 1936 St. Louis Ave.

19. (a) APR 29 1944 (Date received local registrar) (b) J. F. Boredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APR. day 27 year 1944 hour 5 minute 45 P M.

21. I hereby certify that I attended the deceased from Sept. 15, 1943 to April 27, 1944 that I last saw him alive on April 26, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	1yr ?
Due to	
Due to	
Other conditions arteriosclerosis (Include pregnancy within 3 months of death)	5yr ?

Major findings:
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)

(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? (Specify type of place)

While at work? (e) Means of injury —

23. Signature Eugene L. Arnold (M. D. or other) M.D.

Address 1449 McLaran Date signed 4/28/44

(Licensed Embalmer's Statement on Reverse Side)

36
4
32

Drs. Arnold
Bernstein and McLaren
W. C. Coroner

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 Felix J. Krispin

Licensed Embalmer No. 3497

P. O. Address 1936 St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.