

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pine Crest Homes
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 months
(Specify whether years, months or days) 9 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Manchester
(If outside city or town limits, write "RURAL")
(d) Street No. Manchester Road
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Louise Doss
3. (b) If veteran, name war No. 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Margaret Doss 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 1869
(Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 00 If less than one day _____ hr. _____ min.

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

10. Usual occupation Shoe Rebuilding

11. Industry or business Shoe

MOTHER FATHER
12. Name UNKNOWN
13. Birthplace UNKNOWN Unknown
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace Germany Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Charles Zytowski
(b) Address 4066 Lindell Blvd. St. Louis, Mo.

17. (a) Cremation (b) Date thereof July, 24, 44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place of cremation Valhalla Crematory

18. (a) Signature of funeral director Schrader Funeral Home
(b) Address Ballwin, Mo.

19. (a) JUL 24 1944 (b) E. H. McDevan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July day 22 year 1944 hour 12 minute 20 P. M.
21. I hereby certify that I attended the deceased from June 4th 1944 to July 22 1944
that I last saw him alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Duration _____

Due to _____

Due to _____

Other conditions Arterio Sclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 93a

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury 0

23. Signature R. H. Jansen (M. D. _____)
Address Manchester, Mo. Date signed 7/24/44

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..... *Theo. Schader*
Licensed Embalmer No. *3066*
P. O. Address *Bellewin, 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.