

FILED OCT 6 1944
Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 8292

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:
Missouri Baptist Hospital
(If not in hospital or institution, write street number of 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 Franklin
(c) City or town Beaufort
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

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N.P.

3. (a) PRINT FULL NAME Kieth A. Door

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

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

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

7. Birth date of deceased September 20 1944
(Month) (Day) (Year)

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

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

10. Usual occupation Infant

11. Industry or business _____

MOTHER, FATHER {

12. Name Oscar F. Door
13. Birthplace Beaufort Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Lenora Winters
15. Birthplace Union Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Oscar Door
(b) Address Beaufort, Mo.

17. (a) Burial (b) Date thereof 9-29-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jeffriesburg, Mo.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) SEP 28 1944 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27
year 1944 hour 1:30 minute P M.

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

Immediate cause of death Hemolytic anemia of newborn
Duration _____

Due to _____

Due to 161 C.

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

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? _____

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

23. Signature J. W. Wistar Whitman M. D. or other _____
Address 4500 Olive Date signed Nov 4

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..... *G. W. Wilkins*
..... Licensed Embalmer No. *3575*
..... P.O. Address.....

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.