M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 8 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 35390

Registration District No. 319 Primary Registration District No. 6078 Registrar's No. 49

1. PLACE OF DEATH:

(a) County STE. GENEVIEVE

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

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
In this community LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County STE. GENEVIEVE

(c) City or town RURAL 95
(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

3. (a) PRINT FULL NAME ANN NORAH DOERGE

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE 1

5. Color or race WHITE

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

6. (b) Name of husband or wife LOUIS DOERGE

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

7. Birth date of deceased JAN (Month) 14 (Day) 1861 (Year)

8. AGE: Years 83 Months 8 Days 9 If less than one day hr. min.

9. Birthplace STE. GENEVIEVE, CO (City, town, or county) MO (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

FATHER
12. Name THOMAS BEAUCHAMP
13. Birthplace STE. GENEVIEVE (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name MARY BEQUETTE
15. Birthplace STE. GENEVIEVE (City, town, or county) MO (State or foreign country)

16. (a) Informant Raymond Doerge
(b) Address Fenton Mo

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Oct 5-44 (Month) (Day) (Year)
(c) Place: burial or cremation BLOOMSDALE MO

18. (a) Signature of funeral director Leo C. Basler
(b) Address Ste. Genevieve Mo

19. (a) Oct 5-44 (Date received local registrar) (b) T.W. Douglas (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 3 year 1944 hour 8:15 minute P. M.

21. I hereby certify that I attended the deceased from Aug 15, 1944 to Oct. 3, 1944 that I last saw her alive on Sept. 25, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	5 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

93d

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 [signature] (M. D. or other) M.D.
Address Ste. Genevieve Mo Date signed 10-5-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 4

1144-4490

11-6-44

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 Leo C. Bailey

Licensed Embalmer No. 1985

P. O. Address Ste. Genevieve 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.