S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 29 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39283

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10799

1. PLACE OF DEATH:

(a) County

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 3 ca 17

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

(d) Street No. 4589 McCausland Avenue
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME RUTH DOERER

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 15 (Day) 1892 (Year)

8. AGE: Years 52 Months 7 Days 2 If less than one day hr. min.

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

10. Usual occupation housework

11. Industry or business at home

FATHER
12. Name Albert Becker
13. Birthplace (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Mary Gillespi
15. Birthplace (City, town, or county) Canada (State or foreign country)

16. (a) Informant Mrs Helen Buchmann
(b) Address 4618 Newport

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-20-44 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 So. Grand Blvd.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17th year 1944 hour 9 minute 17 a M.

21. I hereby certify that I attended the deceased from Nov 27, 1944, to Dec 17, 1944 that I last saw her alive on Dec 16, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death
Cancer Spine with metastases to Brain

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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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 Robert G. Werner (M. D. or other) MD

Address Paul Brown Bldg Date signed Dec 18 44

St Louis MO

(Licensed Embalmer's Statement on Reverse Side)

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 Virgil L. Berryman

Licensed Embalmer No. 4018

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.