

**FILED JUL 14 1945**

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5718**

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

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:  
**4511 Adelaide**  
(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 **000**  
 (c) City or town **St Louis**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **4511 Adelaide**  
(If rural, give location)  
 (e) Citizen of foreign country? **no** **0** (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **William F Doeding**  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_  
 4. Sex **M** **D** 5. Color or race **W**  
 6. (a) Single, widowed, married, divorced **M**  
 6. (b) Name of husband or wife **Emma Doeding, nee Bramsler** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **Dec 31 1865**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **June** day **29**  
 year **1945** hour **3** minute **30** **A.** M.  
 21. I hereby certify that I attended the deceased from **March 17**, 19**44**, to **June 29**, 19**45**  
 that I last saw him **alive** on **June 28**, 19**45**  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death **Acute Coronary Arteriosclerosis** Duration **2 days**  
**Chronic Myocarditis** **16 mos**  
**Chronic Nephritis** **16 mos**

8. AGE: Years Months Days If less than one day  
**79** **5** **28** \_\_\_\_\_ hr. \_\_\_\_\_ min.  
 9. Birthplace **St Louis** **Mo**  
(City, town, or county) (State or foreign country)  
 10. Usual occupation **Carpenter, retired**

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions **none**  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_  
 12. Name **Doeding**  
 13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Caroline Finke**  
 15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

Major findings: Of operations **no surgery**  
 Of autopsy **no autopsy**  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs Emma Doeding, Wife**  
 (b) Address **4511 Adelaide Ave**  
 17. (a) **Burial** (b) Date thereof **July 2 1945**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **New Bethlehem Cem**  
 18. (a) Signature of funeral director **Beiderwieden F. H. Inc**  
 (b) Address **1936 St Louis Avenue**  
 19. (a) **JUL 2 1945** **J. F. Bradeck**  
(Data received local registrar) (Registrar's signature)

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 **William T Henschel** (M. D. or other) \_\_\_\_\_  
 Address **3450 N Grand** Date signed **6/29/45**

**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.....

Licensed Embalmer No. *3787*.....

P. O. Address *1936 St. Houston*.....

**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.**