S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 3 1945

Registration District No. 317

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6696

State File No. 21197

Registrar's No. 1655

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:
Manchester Nursing Home
(If not in hospital or institution, write street number or 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 Mo. (b) County St. Louis

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

(d) Street No. 5514 Rosa Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Katie Doerr

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Harry Doerr

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Nov. (Month) 16 (Day) 1879 (Year)

8. AGE: Years 65 Months 7 Days 9 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John Juergens
13. Birthplace (City, town, or county) Germany (State or foreign country)

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

16. (a) Informant Harry Doerr
(b) Address 5514 Rosa Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-27-45 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) 6-28-45 (Date received local registrar) (b) E. G. McGavin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25 year 1945 hour 3 minute 45 P M.

21. I hereby certify that I attended the deceased from May 11, 1945, to June 25, 1945; that I last saw her alive on May 22, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death generalized palsy + decubitus

Due to generalized arteriosclerosis

Due to 97

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.

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 A. L. Meehlin M.D. (M. D. or other)

Address 3507 Potomac Date signed 6-26-45

(Licensed Embalmer's Statement on Reverse Side)

Dr. Anton Merklin,
3507 Potomac

12 to 1
Friendship

NOV 4 6 1945

NOV 6 1945

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 Albert R. Thompson Jr

Licensed Embalm No. 4237

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRIT[illegible] comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.