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

2419

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 240

FILED JAN 21 1946

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 222

1. PLACE OF DEATH:

(a) County: St. Louis

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

(c) Name of hospital or institution: City Sanitarium 6

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2mos. 7ds. (Specify whether years, months or days)

In this community 66 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 600

(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No.: 6432 Wade Ave (If rural, give location) 19

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

If yes, name country

3. (a) PRINT FULL NAME: BARBARA DOERING

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: Wid.

6. (b) Name of husband or wife: John

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

7. Birth date of deceased: December (Month) 28, (Day) 1879 (Year)

8. AGE: Years 66 | Months 0 | Days 8 | If less than one day: hr. min.

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

10. Usual occupation: Housewife

11. Industry or business:

FATHER 12. Name: John Brown

13. Birthplace: not known (City, town, or county) (State or foreign country) 4

MOTHER 14. Maiden name: Amelia ?

15. Birthplace: not known (City, town, or county) (State or foreign country) 4

16. (a) Informant: [illegible]

(b) Address: 5400 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan 9 46 (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Kriegshauser

(b) Address: 4228 So. Kingshighway

19. (a) JAN 8 1946 (Date received local registrar) J. F. Berrick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6, year 1946 hour 6.10 minute A. M.

21. I hereby certify that I attended the deceased from Dec. 15, 19 45 to Jan. 6, 19 46 that I last saw her alive on Jan. 6, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to: Auricular fibrillation 1 day x

Due to: Senility.

Other conditions (Include pregnancy within 3 months of death) 95

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: J. Schlenker (M. D.)

Address: 5400 Arsenal Date signed: 1/6/46

(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. Richard W. Storesund

Licensed Embalmer No. 4007

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.