

FILED JAN 21 1946

Registration District No. 377

Primary Registration District No. 2063

Registrar's No. 1037

1. PLACE OF DEATH:
 (a) County St. Louis County
 (b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 12 days
(Specify whether years, months or days)
 In this community 20 Yrs.

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town Carsonville
(If outside city or town limits, write "RURAL")
 (d) Street No. 8509 Jane Ave.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME KATIE DOEHLER
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month January day 11
 year 1946 hour 5 minute 15 P. M.

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 (b) Name of husband or wife Ernst Doehler 6. (c) Age of husband or wife if alive 61 years
 7. Birth date of deceased: 1 (Month) 30 (Day) 90 (Year)

21. I hereby certify that I attended the deceased from Dec. 31 1945 to Jan. 11 1946
 that I last saw her alive on January 11 1946
 and that death occurred on the date and hour stated above.

8. AGE: Years 55 Months 11 Days 13
 If less than one day hr. _____ min. _____

Immediate cause of death Coronary Occlusion
 Due to _____
 Due to _____

9. Birthplace Clayton, Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

Other conditions Arteriosclerosis of Liver
(Include pregnancy within 3 months of death)
 Major findings: Of operations _____
 Of autopsy Same

11. Industry or business None
 12. Name Henry Hesse
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)
 16. (a) Informant Husb: Ernst Doehler
 (b) Address 8504 Jane Ave. Carsonville

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 _____

17. (a) Burial (b) Date thereof Jan 15 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Memorial Park
 18. (a) Signature of funeral director P. Grant
 (b) Address 3710 N. Grand Blvd
 19. (a) 1-14-46 (b) Est. Miller & D
(Date received local registrar) (Registrar's signature)

23. Signature Quinn Hendrix (M. D. or other) _____
 Address 601 Brentwood Date signed 1-12-46

76
 2
 3
 1931
 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 25 1948

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..... *Carl A. Wood*
Licensed Embalmer No..... *1578*

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.