S. No. 2
OM—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 JAN 27 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3434

Registration District No. 317

Primary Registration District No. 3070

Registrar's No. 154

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: 1020 Dutton Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Webster Groves 7
(If outside city or town limits, write "RURAL")

(d) Street No. 1020 Dutton Ave 4
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Albert Frederick Dohr

3. (b) If veteran, name war

3. (c) Social Security No. 498-09-8040

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife R. Frances Dohr

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased 1 (Month) - 8 (Day) - 1885 (Year)

8. AGE:	Years	Months	Days	If less than one day
	62	0	13	hr. min.

9. Birthplace Kirkwood (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Retired Painter

11. Industry or business

FATHER
12. Name Fred Dohr
13. Birthplace Kirkwood (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Kate Knierim
15. Birthplace Kirkwood (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant R. Frances Dohr
(b) Address 1020 Dutton, Webster Groves, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 (Month) -23 (Day) -1947 (Year)
(c) Place: burial or cremation St. Peters Cem. Kirkwood

18. (a) Signature of funeral director Mittelberg Funeral Home
(b) Address 23 W. Lockwood, Webster Groves

19. (a) 1-23-47 (Date received local registrar) (b) Ruth J. Allen MD (Registrar's signature) MD

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21
year 1947 hour 3 minute 15 A M.

21. I hereby certify that I attended the deceased from Nov 15 1946 to Jan 21 1947
that I last saw him alive on Jan 21 1947
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Prostate	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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) x
While at work? (e) Means of injury 0

23. Signature O. Dorbaugh (M. D. or other) MD
Address 105 W. Lockwood Date signed 1-22-47

(Licensed Embalmer's Statement on Reverse Side)

JAN 7 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 Van M. Sizemore

Licensed Embalmer No. 4543

P. O. Address 7415 Zephyr Pl., Maplewood, 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.