

No. 2
-12-45
5-17-39
I X47070

FILED MAR 14 1947

318

Primary Registration District No. _____

1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital - Max C. Starkloff
(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)

3. (a) PRINT FULL NAME FRED DOERR

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Glorinda Doerr 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased October 17-1882
(Month) (Day) (Year)

8. AGE: Years 64 Months 4 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Columbia, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER

12. Name Jacob Doerr

13. Birthplace Columbia, Illinois
(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 Mrs Glorinda Doerr

(b) Address 2201 Ann Avenue

17. (a) Burial (b) Date thereof March 6-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS. Peter & Paul

18. (a) Signature of funeral director Modell
(b) Address 1926 Allen Avenue

19. (a) MAR 5 1947 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2201 Ann Avenue
Memorial (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 3rd
year 1947 hour 8:30 minute P M.

21. I hereby certify that I attended the deceased from 2/26/47
to 3/3/47, 19____; and that death occurred on the date and hour stated above.

that I last saw h. im alive on 3/3/47, 19____;
Immediate cause of death cardiac failure Duration _____

Due to Pulmonary Tuberculosis far advanced

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Waver C. Lewis M.D. (Attest other)
Address 1515 Lafayette Date signed 3/4/47

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

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.....

..... **Me**, Registered Apprentice No.....
working under my personal supervision.

Signed *Benj. C. Duncan*.....
Licensed Embalmer No. **2272**.....

P. O. Address..... **1926 Allen Avenue**.....

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.