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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 18 1948

Registration District No. 168

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44690

Primary Registration District No. 3029

Registrar's No. 86

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

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Crystal City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(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 Missouri (b) County Jefferson 50
(c) City or town Crystal City 1
(If outside city or town limits, write "RURAL") 1
(d) Street No. / (If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Irma Estell 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~~ Phillip G. Doerr
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased August (Month) 3 (Day) - 1889 (Year)

8. AGE:

Years	Months	Days	If less than one day
58	4	15	hr. min.

9. Birthplace Sulphur Springs Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name John Noakes 1
13. Birthplace Ohio 1
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Spence
15. Birthplace Ill. 1
(City, town, or county) (State or foreign country)
16. (a) Informant Phillip G Doerr
(b) Address Crystal City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-20-1947 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ St Johns Evangelical Cem St Louis Mo
18. (a) Signature of funeral director H. S. Vinyard
(b) Address Festus Mo
19. (a) Dec. 19, 1947 (Date received local registrar) (b) Cleora Belleville (Registrar's signature) 14-7

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 18
year 1947 hour 5 minute 35 A.M.
21. I hereby certify that I attended the deceased from Feb 3, 1947, to Dec 18, 1947
that I last saw her alive on Dec 17, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
Due to
Due to
Other conditions Hypertension
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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 0
23. Signature Bela Bolgar (M. D. or other)
Address Festus Mo Date signed 12-19-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

AUG 10 1949

RECEIVED
District Health Office No. 9,
District File Number
Date Filed 8/11/48

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 Donald H. Hungard Registered Apprentice No. 71 working under my personal supervision.

Signed H H Hungard

Licensed Embalmer No. 3010

P. O. Address Jasper 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.