

Form No. 300  
 DM-19-47  
 Rev. 5-17-39

Registration District No. **318**

Primary Registration District No. **1003**

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

**1. PLACE OF DEATH:**  
 (a) County St. Louis  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Deaconess Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 24 days  
(Specify whether years, months or days)

**3. (a) PRINT FULL NAME** Frieda A. Doepke  
**3. (b) If veteran, name war** None **3. (c) Social Security No.** None

**4. Sex** F **5. Color or race** W **6. (a) Single, widowed, married, divorced** W  
**6. (b) Name of husband or wife** John F. **6. (c) Age of husband or wife if alive** Dec. years  
**7. Birth date of deceased** Aug. 31 1866  
(Month) (Day) (Year)

**8. AGE:** Years 81 Months 4 Days 24 If less than one day hr. min.

**9. Birthplace** Pittsburgh Penna.  
(City, town, or county) (State or foreign country)  
**10. Usual occupation** Retired

**11. Industry or business**  
**12. Name** Valentine Von Dissen  
**13. Birthplace** Pittsburgh Penna.  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Augusta Birkner  
**15. Birthplace** Pittsburgh Penna.  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Eleanor Armbruster  
**(b) Address** 9005-Midland Ave-Overland-14-Mo.  
**17. (a) (Removal)** Removal **(b) Date thereof** 1-27-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** Prairie, Ill. Motor

**18. (a) Signature of funeral director** Baumman Bros. Inc.  
**(b) Address** 2504-Woodson Rd-Overland-14-Mo.  
**19. (a) JAN 26 1948** **(b) J. F. Bralock**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Missouri (b) County St. Louis  
 (c) City or town Overland  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 9005-Midland Avenue  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month Jan. day 25  
 year 1948 hour 5 minute 30 A.M.  
**21. I hereby certify that I attended the deceased from** 12-31-47  
 \_\_\_\_\_, 19\_\_\_\_, to 1-25, 1948;  
 that I last saw her alive on 1-24, 1948;  
 and that death occurred on the date and hour stated above.

**Immediate cause of death** Cardio-Vascular - Renal disease **Duration** 1 yr.  
**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? 0  
 While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_  
**23. Signature** Bert H. Klein (M. D. or other) MD  
**Address** 2632 S. Kingshighway **Date signed** 1-26-48

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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 3454

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

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland 14 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.**