FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 6 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24223

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 6563

1. PLACE OF DEATH:

(a) County

(b) City or town: St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5320 Odell
(If not in hospital or institution, write street number or location)

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

In this community: Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 000

(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5230 Odell
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Robert Doerste

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: M

6. (b) Name of husband or wife: Anna

6. (c) Age of husband or wife if alive: 72 years

7. Birth date of deceased: Nov. (Month) 21 (Day) 1880 (Year)

8. AGE: Years 67 | Months 8 | Days 2 | If less than one day ... hr. ... min.

9. Birthplace: St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: City Employee

11. Industry or business:

FATHER
12. Name: Robert Doerste
13. Birthplace: Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Hannah Brader
15. Birthplace: Germany (City, town, or county) (State or foreign country)

16. (a) Informant: Anna Doerste
(b) Address: 5320 Odell

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/26/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Hiram Cemetery

18. (a) Signature of funeral director: J. L. Ziegenhein & Sons
(b) Address: 7027 Gravois

19. (a) JUL 26 1948 (Date received for record) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23 year 1948 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 1-1948, 19..., to July 23, 1948, that I last saw her alive on July 23, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of Esophagus — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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

23. Signature: R. Berg (M. D. or other)

Address: 3403 S Grand Date signed: 7/26/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Grand

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.