

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14419

State File No. _____

Apr. 23, 1949

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>791</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Jefferson Barracks, Mo.</u> c. LENGTH OF STAY (in this place) <u>387 Days</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Vet. Adm. Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> d. STREET ADDRESS (If rural, give location) <u>4229 South Grand</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alois</u> b. (Middle) <u>DOLL</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>March 31, 1949</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 7, 1872</u>	
9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stoker Worker</u>		11. BIRTHPLACE (State or foreign country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Anna</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>Spanish-American</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Eugene F. Nolan, Registrar VA Hosp. Jeff. Brks. Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ENCEPHALOMALACIA, RT. PARITAL LOBE</u> ANTECEDENT CAUSES DUE TO (b) <u>ARTERIOSCLEROSIS, CEREBRAL VESSELS</u> DUE TO (c) <u>334X</u> II. OTHER SIGNIFICANT CONDITIONS <u>834</u> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION -----				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) -----		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) -----		21f. HOW DID INJURY OCCUR? -----	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) -----		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>March 9, 1948</u> , to <u>March 31, 1949</u> ; that I last saw the deceased alive on <u>March 31, 1949</u> and that death occurred at <u>12:25 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>L.E. Stilwell</u> (Degree or title) <u>L.E. Stilwell, M.D., Chf. Prof. Services</u>		23b. ADDRESS <u>VA Hosp. Jeff. Brks. Mo.</u>		23c. DATE SIGNED <u>3/31/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>General</u>		24b. DATE <u>4/4/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>4-2-49</u>		REGISTRAR'S SIGNATURE <u>Thurmond</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Meyer-Pfitzinger Fu. Home, Kirkwood, Mo.</u>			

WRITE PLAINLY—USING UNFAADING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

John M. Meyer

Licensed Embalmer No. *13288*

P. O. Address *Werkwood 22 Me*

Signed _____
Student Embalmer

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.