

FILED MAY 24 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17206

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 4376

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS MO</u>		a. STATE <u>MISSOURI</u>	b. COUNTY <u>MONTGOMERY</u>
c. LENGTH OF STAY (in this place) <u>69 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>McKITTRICK</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barnes Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>ROUTE 1</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MYRTYLLA</u>	b. (Middle) <u>(None)</u>	c. (Last) <u>Doering</u>	4. DATE OF DEATH (Month) (Day) (Year)
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JUNE 8, 1893</u>	9. AGE (In years last birthday) <u>55</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>BEDFORD IOWA</u>	12. CITIZEN OF WHAT COUNTRY? <u>AMERICA</u>	

13a. FATHER'S NAME <u>ALBERT DWIRE</u>	13b. MOTHER'S MAIDEN NAME <u>HENRIETTA BELT</u>	14. NAME OF HUSBAND OR WIFE <u>WILLIAM DOERING</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>WILLIAM DOERING</u> ADDRESS <u>McKITTRICK MO</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Encephalomalacia (L)</u>	DUE TO (b) <u>Subdural Hematoma (L)</u>		<u>3 mos.</u>
ANTECEDENT CAUSES	DUE TO (c)		<u>3 mos.</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <u>3-21-49</u>	19b. MAJOR FINDINGS OF OPERATION <u>Subdural Hematoma (L)</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home farm</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>812</u>

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 25 1949 - 9:30 AM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>fell on ice</u>
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22. I hereby certify that I attended the deceased from 3-7 1949, to 5-15, 1949, that I last saw the deceased alive on 5-15, 1949, and that death occurred at 12:27 AM., from the causes and on the date stated above.

23a. SIGNATURE <u>F. R. Bradley</u> (Degree or title) <u>D. M. D.</u>	23b. ADDRESS <u>Barnes Hospital</u>	23c. DATE SIGNED <u>5/15/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>	24b. DATE <u>MAY 18, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>VAL HALLA CREMATORY</u>
DATE REC'D BY LOCAL REG. <u>MAY 16 1949</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO. - MISSOURI</u>
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>1167</u>		<u>SHEPARD FUNERAL HOME - Hamilton Ave</u>

WRITE PLAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*M. R. G.*

**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.....

*Robert M Murray*

Student Embalmer

Licensed Embalmer No. *3749*

P. O. Address *St. Louis, 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.