

FILED MAY 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17208

State File No.

4343

BIRTH NO.		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No.			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY					
b. CITY OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>2</u> township) <u>58 yrs</u>		c. CITY OR TOWN <u>St. Louis</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pronounced dead at City Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>3942 N. 20 Street</u>					
3. NAME OF DECEASED (Type or Print) <u>Martin Doersam</u>			a. (First) <u>Martin</u>			b. (Middle) <u>Doersam</u>			
c. (Last)			4. DATE OF DEATH <u>May 14, 1949</u>		(Month) (Day) (Year)				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>July 12, 1890</u>			
9. AGE (in years last birthday) <u>58</u>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Meat Cutter</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Butcher Shop</u>			11. BIRTHPLACE (State or foreign country) <u>St. Louis, MO.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Leonard Doersam</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Steitz</u>				
14. NAME OF HUSBAND OR WIFE <u>Lydia Doersam</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>497-09-4568</u>				
17. INFORMANT'S SIGNATURE OR NAME <u>Leonard Doersam</u>		ADDRESS <u>4212a Clarence Ave</u>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Internal hemorrhage following bullet wound of abdomen and stomach self inflicted in restaurant 4025 No 20th around 346 pm May 14 1949.</u>				ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>				DUE TO (b) <u>Stomach self inflicted in restaurant 4025 No 20th around 346 pm May 14 1949.</u>	
DUE TO (c) <u>suicide while suffering from a temporary mental aberration</u>				II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>F</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Restaurant</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis MO MO</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 14 49 346 p.m.</u>		21f. HOW DID INJURY OCCUR? <u>E 976X</u>		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>346 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Walter Dean O'Quinn Coroner</u>				23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>5/16/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 17, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Zion Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, CO. MO.</u>			
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE <u>5/17/49</u>		REGISTRAR'S SIGNATURE <u>J. B. Foster</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Suedmeyer & Son's</u>		ADDRESS <u>3934 N. 20 Street</u>			

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

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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 _____

..... Student Embalmer No.

working under my personal supervision.

Signed

Merville B. Florkwetter

Signed.....
Student Embalmer

Licensed Embalmer No. *3696*

P. O. Address *3331 N. 20th ST.*

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.