

FILED NOV 4 1949

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 4258

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		State File No. _____		Registrar's No. <u>4258</u>					
1. PLACE OF DEATH a. COUNTY <u>St. Louis, Mo.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY _____									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Creve Coeur, Mo.</u>			c. LENGTH OF STAY (In this place) <u>D.O.A.</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>			11 _____				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Creve Coeur to St. Louis County Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>4613 Evans</u>						1 _____			
3. NAME OF DECEASED (Type or Print) <u>Harry J.</u>			a. (First)			b. (Middle) <u>Dorenkamp</u>			c. (Last)				
4. DATE OF DEATH <u>Oct. 27 1949</u>			(Month)			(Day)			(Year)				
5. SEX <u>Male</u>		6. COLOR OF RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan 9-1893</u>		9. AGE (In years last birthday) <u>56</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>27</u>		IF UNDER 1 HOUR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Building</u>				11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>George Dorenkamp</u>				13b. MOTHER'S MAIDEN NAME <u>Anna Carr</u>				14. NAME OF HUSBAND OR WIFE <u>Edna</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		(If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Edna Dorenkamp Evans</u>						ADDRESS <u>4613 Evans</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION										INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Coronary heart disease</u>										<u>4/20/1</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____											
		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>420.1</u>										20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____				21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR? _____							
22. I hereby certify that I attended the deceased from <u>June 10, 1948</u> , to <u>Oct 22, 1949</u> , that I last saw the deceased alive on <u>Oct 22, 1949</u> , and that death occurred at _____ m., from the causes and on the date stated above.													
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>539 N. Grand</u>				23c. DATE SIGNED <u>Oct 25, 1949</u>					
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 31, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery, St. Louis</u>				24d. LOCATION (City, town, or county) (State) <u>Mo</u>					
DATE REC'D BY LOCAL REG. <u>10-28-49</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>5041 Delmar</u>							

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

Ronald O. Yahnke

Signed.....
Student Embalmer

Licensed Embalmer No. *3917*

P. O. Address.....

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.