

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **2467**  
**218**

FILED JAN 19 1951

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY _____					
b. CITY OR TOWN <b>St Louis</b>		c. LENGTH OF STAY (In this place) <b>9 wks</b>		c. CITY OR TOWN <b>St Louis</b>		2029			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Deaconess Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>5436 Blow St</b>					
3. NAME OF DECEASED (Type or Print) <b>Augusta</b>		a. (First)		b. (Middle)		c. (Last) <b>Doerste</b>			
4. DATE OF DEATH <b>Jan. 7, 1951</b>		(Month)		(Day)		(Year)			
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>		8. DATE OF BIRTH <b>June 9, 1892</b>			
9. AGE (In years, last birthday) <b>58</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HR. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Shirt worker</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Elder Shirt Co.</b>			11. BIRTHPLACE (State or foreign country) <b>St Louis, Mo. D</b>			
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			13a. FATHER'S NAME <b>Robert Doerste</b>		13b. MOTHER'S MAIDEN NAME <b>Breder</b>		14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>489-07-9968</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Miss Schmedle</b>		ADDRESS <b>5441 Nagel</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma Colon</b> ANTECEDENT CAUSES DUE TO (b) <b>Intestinal obstruction</b> DUE TO (c) <b>post surgical Peritonitis surgical</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <b>3 mo</b> <b>3 mo</b> <b>3 mo</b>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>Same</b>					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) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>152X</b>					
22. I hereby certify that I attended the deceased from <b>MDR L</b> , 19 <b>50</b> , to <b>1/7/51</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>1/6</b> , 19 <b>51</b> , and that death occurred at <b>6 a</b> m., from the causes and on the date stated above.									
23a. SIGNATURE <b>Holland Dyel</b>			(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>16 Hampton Valley Plaza</b>		23c. DATE SIGNED <b>1/8/51</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1/10/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>		24d. LOCATION (City, town, or county) (State) <b>Affton, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>JAN 9 1951</b>		REGISTRAR'S SIGNATURE <b>J. B. Blanton</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>J. L. Ziegenhein &amp; Sons</b>			ADDRESS <b>7027 Gravois</b>	

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Francis J. Dumas*

Signed.....

Student Embalmer

Licensed Embalmer No. 2245

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.