

FILED MAY 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18887

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3068 Registrar's No. 2135

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maplewood		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maplewood 4534	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7405 Gayola Ave.		d. STREET ADDRESS (If rural, give location) 7405 Gayola Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) CLARENCE b. (Middle) FRANCIS c. (Last) DOERR			4. DATE OF DEATH (Month) (Day) (Year) May 7, 1951		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 8-3-1889	9. AGE (In years and months) 61	10. MONTHS 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lithographer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Kirkwood, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME George W. Doerr		13b. MOTHER'S MAIDEN NAME Rose Buermann		14. NAME OF HUSBAND OR WIFE Ethel DeCamp Doerr	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 494-10-2251		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ethel Doerr, above	

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) <i>Cardiac decompensation</i>		II. OTHER SIGNIFICANT CONDITIONS			2 mo.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			7 yr.	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <i>Arterio-sclerotic heart dis.</i>				
		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 420.0		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?	

22. I hereby certify that I attended the deceased from 4/24, 1951, to 5/7, 1951, that I last saw the deceased alive on 5/3, 1951, and that death occurred at 9:27 p.m., from the causes and on the date stated above.

23a. SIGNATURE Lawrence M. Kotter, M.D. (Degree or title)		23b. ADDRESS 508 N. Grand		23c. DATE SIGNED 5/10/51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-10-1951		24c. NAME OF CEMETERY OR CREMATORY Laurel Hill Gardens		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
DATE REC'D BY LOCAL REG. 5-11-51		REGISTRAR'S SIGNATURE Robert P. Lamb		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JAY B. SMITH, Maplewood 17, Mo.			

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed H. E. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.