

FILED SEP 8 1951

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY MISSOURI				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE MISSOURI b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		g. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Lemay		4. DATE OF DEATH (Month) (Day) (Year) 8 24 51	
d. FULL NAME OF HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL				d. STREET ADDRESS (If rural, give location) 303 LENHARDT			
3. NAME OF DECEASED (Type or Print) a. (First) BABY		b. (Middle) Boy		c. (Last) DOPPLICK		4. DATE OF DEATH (Month) (Day) (Year) 8 24 51	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 8		8. DATE OF BIRTH 8-24-51	
9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) ST. LOUIS MO.	
11. BIRTHPLACE (State or foreign country) ST. LOUIS MO.		12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME John Dopplick		13b. MOTHER'S MAIDEN NAME Dorothy LAVERN HELDORFER	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME MRS. Dorothy Dopplick	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature Labor ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		21f. HOW DID INJURY OCCUR? 776X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from 8/24, 1951 , to 8/24, 1951 , that I last saw the deceased alive on 8/24, 1951 , and that death occurred at 2:35 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE Hugh R. Smith		23b. ADDRESS 607 N. Grand Blvd.		23c. DATE SIGNED 8-24-51		23d. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Aug 27-1951		24c. NAME OF CEMETERY OR CREMATORY MT. HOPE CEMETERY		24d. LOCATION (City, town, or county) (State) 1215 LEMAY FERRY Rd. Long ks	
25. FUNERAL DIRECTOR'S SIGNATURE J. Earl Smith & Co.		25. FUNERAL DIRECTOR'S SIGNATURE C. Hoffmeister		25. FUNERAL DIRECTOR'S SIGNATURE U.&.L.Co.		25. FUNERAL DIRECTOR'S SIGNATURE 7814 S. Broadway	

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

AUG 25 1951

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

*Not embalmed
fluid packs*

Signed *Linus C. Hoffmeister*

Licensed Embalmer No. 3871

P. O. Address 7414 S. Broadway

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.