

STANDARD CERTIFICATE OF DEATH

24358

State File No. _____

FILED JUL 25 1953

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 5432 Registrar's No. 46

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

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL, MERAMEC</u> c. LENGTH OF STAY (In this place) <u>3 w</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VAN DERBEM NURSING HOME</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>ST. LOUIS</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u> d. STREET ADDRESS (If rural, give location) <u>2206 HENTON</u>	
3. NAME OF DECEASED a. (First) <u>LENA</u> b. (Middle) _____ c. (Last) <u>DOHRMANN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-22-1953</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>4-24-1861</u>
9. AGE (In years last birthday) <u>92</u>	if UNDER 1 YEAR: Months <u>2</u> Days <u>28</u>	if UNDER 1 YEAR: Hours _____ Min. _____	11. BIRTHPLACE (City and State or Foreign Country) <u>GERMANY</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>WILLIAM DOHRMANN</u>	
13b. MOTHER'S MAIDEN NAME <u>MELOSTNA VOSS</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify branch) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>MRS. GUY WOODCOCK</u>		ADDRESS <u>FLORISSANT MO.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.			INTERVAL BETWEEN ONSET AND DEATH <u>Two days</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular accident</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. <u>Synergistic arthritis & Senility</u>			19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	
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>Dec 1, 1951</u> , to <u>July 22, 1953</u> , that I last saw the deceased alive on <u>July 21, 1953</u> , and that death occurred at <u>8:00 P. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>D. F. Anderson</u> (Degree or title) _____		23b. ADDRESS <u>Sullivan Mrs</u>	
23c. DATE SIGNED <u>7/23/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>7-25-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>STANTON CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>STANTON MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thos P Shaffer</u>	
DATE REC'D BY LOCAL REGISTRAR <u>7-23-53</u>		ADDRESS <u>Sullivan Mrs</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 ME

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer:

Signed Paul F. Krollenberg

Licensed Embalmer No. 2631

P. O. Address Sullivan 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.