

STANDARD CERTIFICATE OF DEATH

FILED AUG 31 1953

318

1003

State File No. 7502

Registrar's No. 7502

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO. Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS MO</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adjustment) a. STATE <u>MO.</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>ST. LOUIS MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u> <u>2049</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MO. BAPTIST HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>5931 W. Park</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>DORA</u>	b. (Middle)	c. (Last) <u>JOERN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 31, 1953</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>January 7, 1898</u>	9. AGE (In years last birthday) <u>55</u>	10. MONTH <u>8</u>	11. DAY <u>24</u>	12. HOUR <u>2 1/2</u>	13. MIN. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>Davenport, Iowa</u>	12. CITIZENRY OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Charles Druehl</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Theo W. Joern</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Theo Joern, 5931 W. Park, St. Louis, Mo.</u>
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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 (repeated)		INTEGRITY BETWEEN ONSET AND DEATH <u>3 mos</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular Occlusion</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	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) <u>332 X</u>
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 MAR. 23, 1953, to JULY 31, 1953, that I last saw the deceased alive on 7-31-53, 19, and that death occurred at 5 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John L. Kennedy M.D. C.M. O</u>	23b. ADDRESS <u>3720 Wadlington</u>	23c. DATE SIGNED <u>8-1-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>August 1, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Davenport, Iowa</u>
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DATE REC'D BY LOCAL REG. <u>AUG 1 1953</u>	REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McLaughlin's, 2301 Lafayette, St. Louis, Mo.</u>
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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.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *A. J. Farris*

Licensed Embalmer No. *3384*

P. O. Address *7301 Lafayette*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.