

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38680**
Registrar's No. **9738**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital		STREET ADDRESS (If rural, give location) 14 6429 Sutherland Ave.	

3. NAME OF DECEASED (Type or Print) EMIL	a. (First)	b. (Middle)	c. (Last) DOERR	4. DATE OF DEATH (Month) (Day) (Year) Oct. 24 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 23, 1881	9. AGE (In years last birthday) Months Days Hours Min. 73
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired V.P. & Treas.	10b. KIND OF BUSINESS OR INDUSTRY Baldor Electric Co.	11. BIRTHPLACE (City and State or Foreign Country) Milstadt, Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Doerr	13b. MOTHER'S MAIDEN NAME Elizabeth Lamberteis	14. NAME OF HUSBAND OR WIFE Emma Doerr
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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) No	16. SOCIAL SECURITY NO. 489-10-0756	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Emmett Doerr 6429 Sutherland Ave.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 30 hours
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhagic Pancreatitis		
	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. Arteriosclerotic Cardiovascular Disease Carcinoma of Prostate		3 mo +

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 8	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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"/>	21f. HOW DID INJURY OCCUR? 5870
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22. I hereby certify that I attended the deceased from **23 Oct, 1954**, to **24 Oct, 1954**, that I last saw the deceased alive on **24 Oct, 1954**, and that death occurred at **5:45 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE John F. McCann	(Degree or title) M.D.	23b. ADDRESS 16 Hampton Village Plaza	23c. DATE SIGNED 26 Oct 54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Oct. 28, 1954	24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
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DATE REC'D BY LOCAL REG. OCT 26 1954	REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....
Signature of Student Embalmer

Signed *Edwin M. Bennett*.....

Licensed Embalmer No. *3024*.....

P. O. Address

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.