

FILED APR 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9527
State File No. 2901
Registrar's No.

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

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. CITY OR TOWN St. Louis	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital		STREET ADDRESS (If rural, give location) 3670a Gravois Ave. 2169 2	
3. NAME OF DECEASED (Type or Print) a. (First) Katherine b. (Middle) c. (Last) Doerge		4. DATE OF DEATH (Month) (Day) (Year) March 29, 1955	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 3, 1867
9. AGE (In years last birthday) 88		IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and State or Foreign Country) New York City, N.Y.
13a. FATHER'S NAME William Brooks		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE William C. Doerge
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Martha Corcoran - 3670a Gravois
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchitis Pneumonia ANTECEDENT CAUSES Fracture of Right Hip when she fell in bathroom of house Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 2. OTHER SIGNIFICANT CONDITIONS December 11th 1954 at 7:05 pm Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Accident	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 11 54 7p		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? E9030			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased _____, and that death occurred at _____, from the causes and on the date stated above.			
23a. SIGNATURE Joseph M. ...		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 3/31/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE Apr. 1, 1955	
24c. NAME OF CEMETERY OR CREMATORY Missouri Crematory		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. MAR 31 1955		REGISTRAR'S SIGNATURE J. Earl Smith M.D.	
		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wacker - Helderle - 3634 Gravois Ave.	

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.....
Robert C. Wheeler

Licensed Embalmer No. *217*

P. O. Address.....
Memphis

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.