

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED OCT 24 1956

State File No. **36527**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **544** Registrar's No. **2400**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kirkwood</b>		c. CITY OR TOWN <b>Kirkwood</b> <b>4713</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>35 yrs.</b>		e. STREET ADDRESS (If rural, give location) <b>322 Caroline Ave.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>322 Caroline Ave.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>HARRY</b>	b. (Middle) <b>MARK</b>	c. (Last) <b>DOERR</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 10, 1956</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 12, 1894</b>	9. AGE (In years last birthday) <b>61</b>	IF UNDER 1 YEAR Months <b>9</b> Days <b>28</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Nickolson-Bilhorn Co.</b>	11. BIRTHPLACE (City, and State or Foreign Country) <b>Kirkwood, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Alex Doerr</b>	13b. MOTHER'S MAIDEN NAME <b>Ann Greisheimer</b>	14. NAME OF HUSBAND OR WIFE <b>Tillie Doerr</b>
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>489-10-1523</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Harry M. Doerr</b>	ADDRESS <b>322 Caroline Kirkwood, Mo.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>1 year +</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARCINOMA URINARY BLADDER</b>		
	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.  <b>181x</b>			

19a. DATE OF OPERATION <b>Oct 12, 1955</b>	19b. MAJOR FINDINGS OF OPERATION <b>inoperable Transitional Cell Carcinoma</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE (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) (m.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **Oct 2, 1955**, to **Oct 9, 1955**, that I last saw the deceased alive on **Oct 9, 1955**, and that death occurred at **3:55 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>John J Mackay Jr MA</b>	23b. ADDRESS <b>3720 Washington</b>	23c. DATE SIGNED <b>Oct 12, 56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10/13/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Kirkwood, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>10-12-56</b>	REGISTRAR'S SIGNATURE <b>Herbert B. Donohue MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Louis H. Bopp, Inc.</b>	ADDRESS <b>Kirkwood Mo</b>
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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 ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Francis J. Weyland Jr*  
Licensed Embalmer No. 4517

P. O. Address *Richmond, Va.*

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.