

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14192

COMPLETE FOR
LICKLIDER

FILED MAY - 9 1957

BIRTH NO. _____ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 5948 Registrar's No. 18

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|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Phelps</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. James N. Dillon</u> | | c. LENGTH OF STAY (In this place) | c. CITY OR TOWN <u>St. Louis</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ferndale Nursing Home</u> | | e. STREET ADDRESS (If rural, give location) <u>1719 Iowa</u> | |

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|--|----------------------------------|--|--|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Elsie</u> b. (Middle) _____ c. (Last) <u>Dochler</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 2 1957</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>July 10 1873</u> | 9. AGE (In years last birthday) <u>83</u> | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Germany</u> | | 12. COUNTRY OF WHAT COUNTRY? <u>USA</u> |

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|--|--|--|--|---|--|
| 13a. FATHER'S NAME <u>Hoffart</u> | | 13b. MOTHER'S MAIDEN NAME <u>Don't Know</u> | | 14. NAME OF HUSBAND OR WIFE <u>Frank Dochler</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | | 17. INFORMANT'S SIGNATURE OR NAME (Guardian) <u>Gladys Dochler</u> | |
| | | | | ADDRESS <u>1719 Iowa</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>4 years</u> <u>3 years</u> |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myocardial degeneration</u> | | |
| | DUE TO (c) <u>Arteriosclerosis</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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|--|--|---|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4222</u> | | 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) | |
| 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? | |

22. I hereby certify that I attended the deceased from 3-30, 1954, to 5-2, 1957, that I last saw the deceased alive on 4-25, 1957, and that death occurred at 7:45 a.m., from the causes and on the date stated above.

| | | | |
|---|------------------------------|--|---|
| 23a. SIGNATURE <u>C.V. Hamon, M.D.</u> | (Degree or Title) | 23b. ADDRESS <u>St. James, Mo.</u> | 23c. DATE SIGNED <u>5-2-57</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>May 6 57</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo</u> |

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|---|--|--|----------------------------------|
| DATE REC'D BY LOCAL REG. <u>5-2-57</u> | REGISTRAR'S SIGNATURE <u>Ruth B. Powell</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>E.J. Schnur</u> | ADDRESS <u>3125 Lafayette</u> |
|---|--|--|----------------------------------|

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

479-6

RECEIVED

Phelps County Health Officer,

County File Number 701

Date Filed MAY 8 1957

JUL 8 1957

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.....
Signature of Student Embalmer

Signed..... Orae E. Licklied

Licensed Embalmer No. 3544
P. O. Address St James

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.